

PARTICIPANT ELIGIBILITY CHECKLIST

PARTICIPANT NAME:		LAST 4 DIGITS OF SSN:	
APPLICATION DATE:			
GENERAL ELIGIBILITY DOCUMENTATION			
Applicant must meet the general eligibility requirements and furnish evidence for each criterion. For each eligibility category select one document to verify eligibility. Copies of the documentation must be present in the case file.			
SOCIAL SECURITY NUMBER		Date and initial:	
<input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Benefits Statement <input type="checkbox"/> DD-214, Report of Transfer or Discharge <input type="checkbox"/> Employment Record or Paystub <input type="checkbox"/> IRS Form Letter		<input type="checkbox"/> Letter from Social Security Administration <input type="checkbox"/> School Records <input type="checkbox"/> W-2 Form <input type="checkbox"/> Other forms of ID if SSN number is present Specify: _____	
CITIZENSHIP / AUTHORIZATION TO WORK		Date and initial:	
<input type="checkbox"/> Documentation specified on the I-9 Form <input type="checkbox"/> Birth Certificate <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Food Stamp Record <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Naturalization Certification <input type="checkbox"/> Hospital Record		<input type="checkbox"/> Public Assistance Records (If place of birth is shown) <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Social Security Card stamped "Work Eligible" with picture ID <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Alien Registration Card Indicating Right to Work <input type="checkbox"/> I-766 Employment Authorization Document <input type="checkbox"/> Foreign Passport with I-551 stamp <input type="checkbox"/> Other (specify): _____	
AGE / IDENTITY		Date and initial:	
<input type="checkbox"/> Driver's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Passport		<input type="checkbox"/> Public Assistance/Social Service Records <input type="checkbox"/> Work Permit <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Federal, State or Local Government ID Card <input type="checkbox"/> DD-214, Report of Transfer or Discharge	
EMPLOYMENT STATUS		Date and initial:	
Check one: <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed <input type="checkbox"/> Incumbent Worker <input type="checkbox"/> Employed Worker			
<input type="checkbox"/> Unemployment System Printout <input type="checkbox"/> Unemployment Paycheck <input type="checkbox"/> UI Wage Report <input type="checkbox"/> Layoff/Separation notice		<input type="checkbox"/> Pay Stub or Direct Deposit <input type="checkbox"/> Applicant Statement (Signed Self-Attestation) <input type="checkbox"/> Employer Statement (incumbent worker requires training to retain or advance employment) <input type="checkbox"/> Other (specify): _____	
VETERAN PRIORITY (when applicable)		Date and initial:	
<input type="checkbox"/> DD-214, Report of Transfer or Discharge <input type="checkbox"/> Cross-match with veterans data base		<input type="checkbox"/> Veterans Administration Letter/Records <input type="checkbox"/> Verification from Local Veterans Employment Representative (LVER) or Disabled Veterans Outreach Program (DVOP) <input type="checkbox"/> Other (specify): _____	

Health Quest Apprenticeship Participant Eligibility – I attest that all documents used to confirm program eligibility were reviewed, verified, and copies are maintained in the participant's file.

X: _____
Staff Representative Signature

Date of Eligibility Determination

Print Staff Name