

Applicant Name: _____

ITEM	VERIFICATION SOURCE	CHECK, IF APPLICABLE
SS #: _____	<input type="checkbox"/> SS Card <input type="checkbox"/> Aid Verification <input type="checkbox"/> Other: _____	<input type="checkbox"/> Viewed <input type="checkbox"/> Attached
Legal Right to Work: D.O.B.: _____ AGE: _____	<input type="checkbox"/> U.S. Birth Certificate <input type="checkbox"/> Other _____ <input type="checkbox"/> CDL/CID <input type="checkbox"/> School ID/Transcript <input type="checkbox"/> Social Security Card <input type="checkbox"/> USA Passport <input type="checkbox"/> Alien Registration Card/I-551 Exp. Date: _____ <input type="checkbox"/> Permanent Resident Card/I-551 Exp. Date: _____ <input type="checkbox"/> Employment Authorization Card/I-766 Exp. Date: _____	<input type="checkbox"/> Viewed <input type="checkbox"/> Attached
Residential Address: <input type="checkbox"/> Homeless	<input type="checkbox"/> CDL/CID <input type="checkbox"/> Statement from Shelter <input type="checkbox"/> Aid Verification <input type="checkbox"/> CalJOBS Registration/Wagner Peyser	<input type="checkbox"/> Attached/Created (Make sure it is updated)
Family Size: _____	<input type="checkbox"/> Aid Verification <input type="checkbox"/> CalJOBS Registration Youth Addendum	<input type="checkbox"/> Attached
Family Income: (Inclusions)	<input type="checkbox"/> Gross Wages <input type="checkbox"/> Social Security (SDI/SSDI) <input type="checkbox"/> Pension <input type="checkbox"/> Other	<input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable
Family Income: (Exclusions)	<input type="checkbox"/> TANF/CalWorks <input type="checkbox"/> Child Support <input type="checkbox"/> UIB <input type="checkbox"/> V-11/Residence Support <input type="checkbox"/> General Assistance <input type="checkbox"/> SSI/Survivors Benefits/Old Age SS <input type="checkbox"/> Other	<input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable
Selective Service Registration: Reg. #: _____	<input type="checkbox"/> On-Line Verification/Registration <input type="checkbox"/> DD214 (Honorable Discharge) Date of Separation: _____ <input type="checkbox"/> Customer will turn 18 within 12 months. SS Registration info. Provided. <input type="checkbox"/> Applicant Statement verifying good cause & print screen	<input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable
Disclosed Disability:	<input type="checkbox"/> SSA/Disability/SSI <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> IEP <input type="checkbox"/> Other: _____	<input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable
School Status:	<input type="checkbox"/> Current – Name of School: _____ <input type="checkbox"/> Vocational <input type="checkbox"/> Alternative <input type="checkbox"/> GED <input type="checkbox"/> Highest Grade Completed: _____ <input type="checkbox"/> Graduated	<input type="checkbox"/> School Transcript or Proof of H.S Graduate Attached (youth under 18yrs)
Reading/Math Assessment:	Reading Grade/Level: _____ Math Grade/Level: _____ Test: <input type="checkbox"/> CASAS E-Test scores attached	<input type="checkbox"/> Attached School Transcript (In-school only)
Non-Economical Disadvantaged Youth (N.E.D. 5%) (Pre-Approved)	Explain Barriers:	<input type="checkbox"/> Attached (Youth Barrier Form)

My signature below certifies that I have seen the source documents checked.

Staff's Signature _____

Date _____