

Workforce Innovation and Opportunity Act, Title 1 Youth Program Eligibility and Data Validation Documentation/ Exit Checklist

Participant Name: _____ **Last four of SSN:** _____

A copy of at least one document in each category (if applicable) is required to be in the participant file or scanned into ICM for both program & eligibility purposes (green area's) and data validation purposes (pink area's)		
Eligible to work in the U.S.		
<input type="checkbox"/> Social Security Card (Work Eligible) <input type="checkbox"/> U.S. Birth Certificate <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> DD-214 <input type="checkbox"/> Military Report of Transfer or Discharge	<input type="checkbox"/> U.S.. Passport <input type="checkbox"/> Foreign Passport (unexpired) Stamped Eligible to Work <input type="checkbox"/> Other INS Alien Registration Cards Indicating Right to Work such as INS Form I-151 (Green Card) or INS Form I-551 (White Card) <input type="checkbox"/> Employment Authorization Card	<input type="checkbox"/> I-9 Doc INS for Aliens <input type="checkbox"/> Alien Registration Card Indicating Right to Work such as I-94, I-688A, I-197 or I-179 <input type="checkbox"/> Alaska Native or Native American Tribal Document/Enrollment Card
Selective Service		
<input type="checkbox"/> Selective Service Card <input type="checkbox"/> Status Information Letter and determination case note	<input type="checkbox"/> Exempt from Selective Service <input type="checkbox"/> Internet (Selective Service Confirmation-www.sss.gov)	<input type="checkbox"/> DD-214 <input type="checkbox"/> N/A
Date of Birth		
<input type="checkbox"/> Drivers License <input type="checkbox"/> Government Issued I.D. <input type="checkbox"/> Birth Certificate <input type="checkbox"/> I.D. <input type="checkbox"/> DD-214	<input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Passport <input type="checkbox"/> Report of Transfer or Discharge Papers <input type="checkbox"/> Tribal Records	<input type="checkbox"/> Cross Match with Vital Statistics <input type="checkbox"/> Work Permit <input type="checkbox"/> Public Asst./Social Service Record <input type="checkbox"/> School Records or I.D. Card
Veteran Status		
<input type="checkbox"/> N/A	<input type="checkbox"/> DD-214 (Veteran Status)	<input type="checkbox"/> Letter from the Veteran's Administration
Low Income		
<input type="checkbox"/> Award Letter from VA <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Court Award Letter <input type="checkbox"/> Employer/Contact Statement	<input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Social Security Benefits Letter <input type="checkbox"/> UI Documents <input type="checkbox"/> Quarterly Estimated Tax for Self Employed Persons <input type="checkbox"/> Alimony Agreement	<input type="checkbox"/> Pension Statement <input type="checkbox"/> Family or Business Financial Records <input type="checkbox"/> Housing Authority Verification <input type="checkbox"/> Bank Statements <input type="checkbox"/> Pay Stubs <input type="checkbox"/> N/A
TANF		
<input type="checkbox"/> N/A	<input type="checkbox"/> Copy of TANF Public Assistance Records	
Other Public Assistance Recipient		
<input type="checkbox"/> N/A <input type="checkbox"/> Copy of Authorization to Receive Cash Public Asst. <input type="checkbox"/> Refugee Assistance Record	<input type="checkbox"/> Medical Card Showing Cash Grant Status <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> SSI	<input type="checkbox"/> Cross-Match with Public Assistance Database <input type="checkbox"/> Copy of Public Assistance Check

Basic Literacy Skills Deficiency		
Computes or solves problems, reads, writes or speaks English at or below the 8 th grade level or is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individuals family or in society.		
<input type="checkbox"/> N/A	<input type="checkbox"/> Standardized Assessment Test	<input type="checkbox"/> School Records
Foster Care		
<input type="checkbox"/> N/A	<input type="checkbox"/> Written Confirmation from Social Service Agency	<input type="checkbox"/> Case Notes
Enrolled in Education		
At the time of enrollment or at any time during the period of participation.		
<input type="checkbox"/> N/A	<input type="checkbox"/> Records from education institution certifying enrollment	<input type="checkbox"/> Case Notes with verification from education institution or training provider that the individual is enrolled in education
Educational Achievement Services		
Tutoring, study skills training, dropout prevention strategies and alternative secondary school offerings.		
<input type="checkbox"/> N/A	<input type="checkbox"/> Activity Sheets, work agreement, attendance record, or vendor contract.	<input type="checkbox"/> Case Notes
Employment Services		
Such as paid and unpaid work experiences, internships, job shadowing and occupational skills training.		
<input type="checkbox"/> N/A	<input type="checkbox"/> Activity Sheets, work agreement, or attendance record.	<input type="checkbox"/> Case Notes
Summer Employment Opportunities		
Must be directly linked to academic and occupational learning.		
<input type="checkbox"/> N/A	<input type="checkbox"/> Activity Sheets, work agreement, sign in sheets, or attendance record.	<input type="checkbox"/> Case Notes
Additional Support for Youth Services		
Includes adult mentoring for at least twelve months that may occur both during and after program participant or comprehensive guidance and counselling, including drug and alcohol abuse counseling, as well as referrals to counseling as appropriate.		
<input type="checkbox"/> N/A	<input type="checkbox"/> Activity Sheets, pay stub, sign in sheets, attendance record or vendor contract.	<input type="checkbox"/> Case Notes
Leadership Development Opportunities		
Opportunities that encourage responsibility, employability and other positive social behaviors. Includes exposure to post-secondary educational opportunities, community and services learning projects, peer centered activities team work training, decision making, citizenship training, life skills training such as parenting work behavior and budgeting.		
<input type="checkbox"/> N/A	<input type="checkbox"/> Activity Sheets, vendor contract, or attendance record.	<input type="checkbox"/> Case Notes

**Training and Exit Information
TO BE COMPLETED UPON EXITING**

Training Start		Training End		Recognized Credential	
<p>If same training program then enter only one start end date. If different training programs, each unique training program must be entered separately. Training dates in ICM must match actual participant training dates.</p>					
1 st Training Start Date:	_____	1 st Training completed or withdrew date:	_____	<input type="checkbox"/> N/A <input type="checkbox"/> Case Notes <input type="checkbox"/> Certificate (s) <input type="checkbox"/> Diploma <input type="checkbox"/> Transcripts <input type="checkbox"/> Surveys	
2 nd Training Start Date:	_____	2 nd Training completed or withdrew date:	_____		
3 rd Training Start Date:	_____	3 rd Training completed or withdrew date:	_____		
4 th Training Start Date:	_____	4 th Training completed or withdrew date:	_____		
<input type="checkbox"/> N/A <input type="checkbox"/> Cross-match between dates of service and vendor training information <input type="checkbox"/> Case Notes <input type="checkbox"/> Training Vendor docs. <input type="checkbox"/> State MIS		<input type="checkbox"/> N/A <input type="checkbox"/> Cross-match between dates of service and vendor training information <input type="checkbox"/> Case Notes <input type="checkbox"/> Training Vendor docs. <input type="checkbox"/> State MIS		Exit Date	
				<p>If partnering with job center, a common Exit date must be used.</p> <input type="checkbox"/> Job Center last service entered in the ICM Partner Section <input type="checkbox"/> If co-enrolled in the WIOA Adult program, exit must be coordinated. <input type="checkbox"/> Follow-up provided and documented in ICM <input type="checkbox"/> Data Validation documentation double checked	
				Other Reasons for Exit	
<p>Notes:</p>				<input type="checkbox"/> Institutionalized <input type="checkbox"/> Health/Medical <input type="checkbox"/> Deceased <input type="checkbox"/> Family Care <input type="checkbox"/> Reserve Forces/Called to Active Duty <input type="checkbox"/> Relocated to Mandated Residential or Non-Residential Program <input type="checkbox"/> Invalid SSN Verification Documentation: <input type="checkbox"/> Case Notes <input type="checkbox"/> Information from Institution or Facility <input type="checkbox"/> Information from Partner's MIS Systems	