LOCAL WORKFORCE INNOVATION AREA #26



ELIGIBILITY CHECKLIST

33				
Participant Name:		Agency Name:		Last 4 of SS#
Note: Only one selection required for each	ch section. One documen	t can be used for multiple sect	tions if applic	cahla
Note. Only one selection reganization and	.II section. One accume	Cull be used for manaple ser		Jubic.
	AUTHORIZATIO	ON TO WORK IN US		
□ Birth Certificate with place of birth □ U.S. Social Security card (work eligible) □ Alien Registration card (Right-to-Work) □ Baptismal Certificate with place of birth □ DD-214/Report of Transfer or Discharge □ United States Passport □ Foreign Passport stamped Eligible to work □ Hospital Birth Record indicating US Citizenship □ U.S. Naturalization Certificate □ IDES or other State's UI (UI Claimant or	requirements out Certificate of U.S. N-560 or N-561) Consular Report o of Birth Certification of Bir Dept. of State (For	umentation In How to Meet DACA lined in DOL TEGL 02-14 Citizenship (INS Form of Birth Abroad or Certificate In Abroad issued by the In FS-545 or Form DS-1350) In Card or Alien Registration In photograph (INS Form I-151	stamp or Unexpired Form I-68 Unexpired Documen or withou Unexpired Unexpired (INS Form	d Employment Authorization at (INS Form I-688A or I-688B) with ut photograph d Reentry Permit (INS I-327) d Refugee Travel Document at I-571) or use of Resident Citizen in the U.S.
AGE SELECTIVE SERVICE RESIDENCY				
AGE □ Birth Certificate □ Baptismal Certificate with Date of Birth □ DD-214/Report of Transfer or Discharge with DOB □ Driver's License □ IL State ID or other Federal, State or Local Gov't issued ID □ Hospital Birth Record □ Passport □ Public Assistance/Social Service records □ School Records/Identification □ IDES UI printout (showing DOB) □ Court Records (showing DOB) □ Youth Only-Work Permits □ Workers Compensation Record with DOB □ Acceptable Documents for INS form I-9	MALE ☐ Selective Service Verion ☐ Selective Service Reg ☐ Selective Service Reg ☐ Stamped Post Office ☐ Locally Approved Selective Service Reg ☐ Veteran's ID Card ☐ Other approved documents SOCIA ☐ Social Security Card (N) ☐ Social Security Printon	ification (www.sss.gov printout) gistration Card gistration Record (form 3A) Receipt of Registration ective Service Waiver ument (see Career Connect): LSECURITY Must be signed)	☐ Food ☐ Hon ☐ Hou ☐ Insu ☐ Land ☐ Lette Scho ☐ Pay ☐ Pub ☐ Curr ☐ App	rer's License/State I.D. d Stamp Award Letter neless-DHS Letter neless-Shelter/Temp Residence er (on Letterhead) using Authority Verification urance Policy (Residence or Auto) dlord Statement or Lease er from Social Service Agency or ool (on Letterhead) dicaid/Medicare Card Stub lic Assistance Records (current) rent Utility Bill w/Customer's Name olicant statement/self attestation, in ted cases er, Requires Partnership approval:
Note: all supporting documentation MUST accompany this checklist when sending for Certification. I certify all information is accurate and complete: Career Planner signature I have reviewed and certified this participant for the following programs: Adult Dislocated Worker YIS YOS Trade				
<u> </u>				
Program Manager		Date		