



## Youth Enrollment Checklist

Name: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Male ☐ In-School  
☐ Female ☐ Out-of-School

Item to Document	Document Used
Name/Date of Birth	<input type="checkbox"/> State ID or Driver's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Self-Attestation (in extreme circumstances only) <input type="checkbox"/> Other: _____
Social Security Number	<input type="checkbox"/> Social Security Card <input type="checkbox"/> UI Records with SSN & Name that indicates earnings <input type="checkbox"/> SSA Printout verifying SSN <input type="checkbox"/> Self-Attestation (in extreme circumstances only)
Citizenship	<input type="checkbox"/> US Birth Certificate <input type="checkbox"/> I-9 Form with supporting Documents <input type="checkbox"/> Self-Attestation (in extreme circumstances only) <input type="checkbox"/> Other: _____
Selective Service (if applicable)	<input type="checkbox"/> Printout from <a href="http://www.sss.gov">www.sss.gov</a> <input type="checkbox"/> Selective Service Card
Household Income	<input type="checkbox"/> Proof of Free/Reduced Lunch (In-School Youth) <input type="checkbox"/> DHS documents verifying TANF or SNAP <input type="checkbox"/> Recent check stubs for all household members <input type="checkbox"/> Most Recent Tax Return <input type="checkbox"/> Self-Attestation (in extreme circumstances only) <input type="checkbox"/> Other: _____
TANF (if applicable)	<input type="checkbox"/> MDHS documents verifying TANF
SNAP (if applicable)	<input type="checkbox"/> MDHS documents verifying SNAP
SSI (if applicable)	<input type="checkbox"/> Social Security Administration Letter verifying SSI <input type="checkbox"/> Proof of SSI payment or Direct Deposit
Free/Reduced Lunch (if applicable)	<input type="checkbox"/> School Record or Letter showing participant receives Free or Reduced Lunch for the current school year
Lives in High Poverty County (if applicable)	<input type="checkbox"/> Proof of residence <input type="checkbox"/> Signed statement from Youth Provider
Documents for I-9 <i>Must have either 1 document from Column A or 1 document from both Columns B &amp; C</i>	<div>Column A</div> <div>Column B</div> <div>Column C</div>

### BARRIER SECTION

Check the youth's barrier and write in document used to document at least one barrier

In-School Youth (must be low-income & have one of the following barriers)	Out-of-School Youth
<input type="checkbox"/> Basic Skills Deficient: _____	<input type="checkbox"/> High School Dropout: _____
<input type="checkbox"/> English Language Learner: _____	<input type="checkbox"/> Compulsory School Age, not attending School: _____
<input type="checkbox"/> Offender: _____	<input type="checkbox"/> Offender: _____
<input type="checkbox"/> Homeless or Runaway: _____	<input type="checkbox"/> Homeless or Runaway: _____
<input type="checkbox"/> Foster Child: _____	<input type="checkbox"/> Foster Child: _____
<input type="checkbox"/> Pregnant or Parenting: _____	<input type="checkbox"/> Pregnant or Parenting: _____
<input type="checkbox"/> Disability: _____	<input type="checkbox"/> Disability: _____
<input type="checkbox"/> Requires Additional Assistance: _____	<input type="checkbox"/> Low-Income & HS Grad/HSE & BSD: _____
	<input type="checkbox"/> Low-Income & Requires Add. Asst: _____

#### Required Forms for Enrollment

Release of Information (ISY only)	
Basic Skills Screening Tool	
Acknowledgement Form	
Grievance Discrimination Form	
Grievance Non- Discrimination Form	
Attestation Form	
Youth & Career Coach Agreement	
Youth ISS	
Proof of Attending School (ISY only)	

#### Required Forms for Work Experience

Essential Job Skills Certificate	
Signed Worksite Agreement & Job Description	
Signed Timesheets	