



Youth Enrollment Checklist

Name: _____ Age: _____ ☐ Male ☐ In-School
☐ Female ☐ Out-of-School

Item to Document	Document Used
Name	<input type="checkbox"/> State ID or Driver's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card
Date of Birth	<input type="checkbox"/> State ID or Driver's License <input type="checkbox"/> Birth Certificate
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"/> Selective Service Registration
Selective Service (if applicable)	<input type="checkbox"/> Printout from www.sss.gov <input type="checkbox"/> Selective Service Card
Veteran Status and/or National Guard Status	<input type="checkbox"/> DD-214 <input type="checkbox"/> Cross Match verification with Veterans Data <input type="checkbox"/> Veteran's Administration Letter or identifying papers from local unit
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
Documents for I-9 <i>Must have either 1 document from Column A or 1 document from both Columns B & 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 <i>(must be low-income & have one of the following barriers)</i>	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"/> Comp. 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

Application	
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	
I-9 Form	
State Tax Form	
W-4 Tax Form	
Signed Worksite Agreement & Job Description	
Signed Timesheets	