# ADULT ELIGIBILITY VERIFICATION CHECKLIST

| Name: Last, First, Middle Initial | Social Security Number | Date | R/C/O/U |
|---|---|---|---|
| _____ | _____ | _____ | _____ |

**Employment:** _____ **Employed at Time of Application** _____ **Unemployed at Time of Application**

## GENERAL ELIGIBILITY CRITERIA

| | VERIFICATION SOURCE USED | INITIALS & DATE |
|---|---|---|
| SOCIAL SECURITY NUMBER | _____ | _____ |
| RESIDENCE | _____ | _____ |
| SELECTIVE SERVICE REGISTRANT | _____ | _____ |
| CITIZEN / RIGHT TO WORK | _____ | _____ |
| AGE | _____ | _____ |
| HIGHEST GRADE COMPLETED | _____ | _____ |
| VETERAN | _____ | _____ |

## ECONOMIC ELIGIBILITY CRITERIA

| | | |
|---|---|---|
| CASH WELFARE . | _____ | _____ |
| FOOD STAMP | _____ | _____ |
| FAMILY MEMBER'S INCOME | _____ | _____ |
| HOMELESS PERSON | _____ | _____ |
| INDIVIDUAL WITH DISABILITY | _____ | _____ |
| JOB CORP | _____ | _____ |
| FAMILY SIZE | _____ | _____ |

## HARD-TO-SERVE (BARRIERS)

| | | |
|---|---|---|
| INDIVIDUAL WITH A DISABILITY | _____ | _____ |
| SCHOOL DROP OUT | _____ | _____ |
| OFFENDER | _____ | _____ |
| HOMELESS | _____ | _____ |
| COMMUNITY DEVELOPMENT | _____ | _____ |
| TARGET AREA | _____ | _____ |
| LIMITED ENGLISH | _____ | _____ |

## CATEGORY OF SERVICES

| | | |
|---|---|---|
| **Recipient of Public Assistance** | _____ | _____ |
| **Basic Skills Deficient, including English Language Services** | _____ | _____ |
| **Low-Income (employed or unemployed)** | _____ | _____ |
| **Employed Worker Training Program (EWTP)** | _____ | _____ |

| _____ | _____ | _____ |
|---|---|---|
| **Signature of Career Center Staff** | **Print Name of Career Center Staff** | **Date Completed / Certification Date** |