**Customer Intake Checklist**

*Please bring all eligibility documents and completed forms to the eligibility screening. All eligibility documents and completed forms must be provided at your scheduled screening or you will need to reschedule for a later date.*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intake Appointment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please submit the following documents for eligibility determination:**

* **Social Security Card**
* **Driver’s License or Picture ID Card**

(Examples: Learner’s Permit, Government ID, DMV/State ID card, school ID, etc).

* **Proof of Citizenship / Right to Work**

Please provide a Birth Certificate, Passport, INS Card, Voter’s ID or work permit valid for at least one

year.

* **Income Verification**

Please provide proof of the last **6 months** pay for **each** working member of your family that currently

lives with you. (Examples: Paystubs, bank statements, public assistance documents stating monthly

income, or unemployment statements are acceptable).

* **Public Assistance Verification (if applicable)**

(Examples: Notice of Action letter, TANF documents, food stamp notification, EBT card with printed

name, etc).

* **Family Size Verification**

Please submit proof of how many relatives currently live with you. (Examples: Most recent tax return,

lease, or public assistance letter with family members listed; and/or birth records of dependents).

* **School Records**

Please submit your most recent diploma, transcripts and/or report card, and Individual Educational

Plan (IEP) as applicable.

* **If male, age 18 or older: Selective Service Registration Confirmation**

(Examples: Printout from [www.sss.gov](http://www.sss.gov), selective service card, or application confirmation letter)

* **Resume (if available)**
* **Youth Barriers: Homeless, Foster Care, Runaway, Pregnant/Parenting, Offender, Basic Skills Deficient, School Drop-Out** *(See Youth Barrier attachment)*
* Please provide documentation of any additional situations you have overcome or are currently overcoming.

*Please provide documentation of any additional situations you have overcome or are currently overcoming.*

* **Proof Disability**

(School Records/IEP, Department of Rehabilitative Services (DRS), Medical Records, Physician’s Statement, Vocational Rehabilitation Letter, Social Security, Social Service Records).