

## Pre-Enrollment Worksheet

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City, state) (Zip)

County: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you are a male born on or after January 1, 1960, are you registered for selective service? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA

Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No

Are you a veteran? \_\_\_\_ Yes \_\_\_\_ No

Do you have any criminal charges on your background (misdemeanor or felony)? \_\_\_\_ Yes \_\_\_\_ No

If yes, are you interested in the Re-Entry Employment Program designed to address this barrier? \_\_\_\_ Yes \_\_\_\_ No

### Most Recent or Current Employment Information

List present and previous jobs, starting with your most recent one. Include part-time and/or temporary employment.

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason for Leaving: \_\_\_\_\_

### For Staff Use Only

Customer PID: \_\_\_\_\_

Program:  Adult/DW  
 OSY  
 R/E

Funding:  Adult  
 DW  
 Rapid Response  
 OSY  
 Other: \_\_\_\_\_

Customer Contacted On: \_\_\_\_\_

Assigned CN: \_\_\_\_\_

#### Check All That Apply:

- Registered for Selective Service
- Selective Service not applicable
- Collecting SNAP/TANF benefits
- Attended a RESEA session
- Has valid photo ID
- Has proof of address
- Has proof of citizenship
- Has proper program eligibility documentation

Name of staff reviewing information: \_\_\_\_\_

Comments from reviewing staff member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Eligibility Verification Documents

---

### GENERAL ELIGIBILITY (applies to *everyone*; one item from each category)

1. Social Security Number	Social Security Card
2. Citizenship or Lawful Admission to U.S.	Birth Certificate Baptismal Certificate (if place of birth is shown) Alien Registration Card US Passport DD214 (if place of birth is shown) Combination of Social Security Card and Current Driver's License
3. Residency (must show current address)	PA Driver's License PA Photo ID UC/Public Assistance Records Utility Bill in Customer's Name Lease Agreement
4. Selective Service ( <u>all</u> males born on or after 1/1/60)	Internet Verification Acknowledgment Letter Selective Service Card <b>Please print SS verification from this site: <a href="http://www.sss.gov">www.sss.gov</a></b>
5. Veteran (If applicable)	DD214
6. Disability Status (If applicable)	Verification of Disability OVR Referral Certificate of Completion from a rehabilitation center

---

### INCOME ELIGIBLE

1. Economic Status (all that apply for the past 26 weeks/6 months)	Pay stubs or payroll record for all working members of the family Last updated letter from any kind of Social Security Spousal Support/Child Support papers/printout from Domestic Relations Social Security Disability Income Check stubs from Workers' Compensation Proof of income from Pensions Proof of income from Interest/Dividends
2. Welfare/Food Stamps (all that apply)	Welfare Referral Letter, if grant is in client's name DPA Eligibility letter Food Stamp Verification Letter plus Access Card (If you have received food stamps any time during the past six months) Printout from Department of Public Assistance Supplemental Security Income (SSI) Award Letter
3. Number in the family (one item from this category)	Most recent IRS tax form Birth Certificates for each family member, Marriage Certificate and/or Divorce Decree Landlord Statement or Lease Public Assistance/Social Service records Child Support papers/printout from Domestic Relations Proof of Disability (participant only) Written statement from a 24-hour care facility

---

### DISLOCATED WORKER (one item from each category)

1. Date and reason for layoff	Letter of Layoff Unemployment Insurance Verification Release form (if collecting from a state other than Pennsylvania) Company notice of layoff, if currently employed (employer can't be temporary agency if employed less than six months)
2. Eligible to collect	UC Benefit Payment History screen or most recent Unemployment Benefit check stub
3. Financial Eligibility	Notice of Financial Determination
4. Displaced Homemaker (if applicable)	Spouse's Death Certificate or Disability Check Court Records, Divorce Decree or Separation papers IRS Documentation

---

**OUT-OF-SCHOOL YOUNG ADULT (16-24 YEARS OLD)** (one item from each category)

1. School Status at Participation (required)	Record from educational institution (GED certificate, diploma, transcripts, withdrawal letter)
2. Offender (if applicable)	Documentation from juvenile or adult Criminal Justice System Documented phone call with court or juvenile probation rep
3. Homeless, Runaway, or Foster Child (if applicable)	Written statement from individual providing temporary residence Written statement from shelter Written statement from social service agency
4. Pregnant or Parenting (if applicable, applies to males and females)	Child's birth certificate Medical records or physician statement
5. English Language Learner or Basic Skills Deficient (If applicable)	School records (IEP, assessment test, or other school documentation) Standardized assessment test
6. Low Income (If applicable)	Copy of authorization to receive Public Assistance Public Assistance records Refugee Assistance records

---

---