**Participant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State ID Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| ***I. ELIGIBILITY / DATA VALIDATION*** | (Initials) |
| WORKSHEET A & B - signed |  |
| 1. Application Enrollment documentation signed |  |
| 2. Applicant’s Citizenship Documentation |  |
| 3. Work History Documentation |  |
| 4. Family Size Log / Dependents |  |
| 5. Release of Information Form (for all family members 18 years old & over) |  |
| 6. Birth Date / Age Documentation |  |
| 7. Selective Service Information (if applicable) |  |
| 8. Public Assistance Verification (if applicable) |  |
| 9. Long-term agricultural employment (Documented if participant is a farmworker ) |  |
| 10. Participant Complaint Procedures (includes non-discrimination policy) |  |
| ***II. FCDP PARTICIPANT IEP SERVICES / DATA VALIDATION*** |  |
| 11. Pre-program Assessment Record (e.g. TABE or CASAS & Kuder or My Next Move) |  |
| 12. Individual Employment Plan (IEP) Goals/Objective/Services documentation signed |  |
| 13. Occupational Training Agreement signed |  |
| 14. Post-program Assessment Records (e.g. TABE or CASAS) after a year in the program |  |
| 15. Supportive Service Category (voucher (s)) and Training support services costs |  |
| ***III. EXIT MANAGEMENT AND DATA VALIDATION*** |  |
| WORKSHEET C - signed |  |
| 16. Credential attainment |  |
| 17. Measurable Skills Gain (e.g. degree audit) one for each program year in training |  |
| 18. Employment Information for Closure |  |
| 19. Quarterly Follow ups 1st, 2nd, 3rd, and 4th quarters |  |
| ***FCDP STATEWIDE EMERGENCY ASSISTANCE*** |  |
| 20. Emergency Assistance Request Form - signed |  |
| 21.EA / ALPI form proof of receipt signed by participant, staff, and/or coordinator |  |