

Appendix 105 Job Corps Applicant Eligibility Folder Inventory

Admissions Counselors must use the following layout when creating an applicant folder. **Only the documents listed on this form should be included, as applicable.** Please see Exhibit 1-1 for more information on the types of required documentation. The Applicant Eligibility Folder Cover Sheet must be stapled to the front of the folder and the inside left flap.

Name of Applicant: _____ **Student ID#:** _____
English Language Learner Yes No If yes, specify language _____
Veteran (see Exhibit 1-6) Yes No

Left Side	Right Side
<p>Folder Inventory</p> <p>ETA 652</p> <p><input type="checkbox"/> Social Security card (required) or another official document that lists the SSN if applicant has lost his/her Social Security card</p> <p>Age Documentation</p> <p><input type="checkbox"/> Birth certificate</p> <p><input type="checkbox"/> Driver license/state identification card</p> <p><input type="checkbox"/> U.S. passport</p> <p><input type="checkbox"/> Other official forms or documents from other government agencies, such as school records, welfare documents and employment records, that identify the applicant's name and date of birth.</p> <p>Legal Resident Documentation</p> <p><input type="checkbox"/> Military Records (DD 214)</p> <p><input type="checkbox"/> Unexpired foreign passport with Form I-94 containing a refugee admission stamp</p> <p><input type="checkbox"/> Alien Registration Receipt Card: I-688A or I-688B</p> <p><input type="checkbox"/> Temporary Residence Card, I-688; or Employment Authorization Card: I-551 or I-151 (green card)</p> <p>Essential Admissions Requirements</p> <p><input type="checkbox"/> EAR</p>	<p>Child Care (if applicable)</p> <p><input type="checkbox"/> Child care certificate (ETA 682)</p> <p><input type="checkbox"/> Single Parent Contract Form</p> <p>If applicant is applying to a residential parent dorm or applying for a child care allotment then the following documents should be included:</p> <p><input type="checkbox"/> Child's birth certificate</p> <p><input type="checkbox"/> Child's Social Security card</p> <p><input type="checkbox"/> Child's immunization records</p> <p><input type="checkbox"/> Child's medical or physical records</p> <p>Behavioral Adjustment History & Court Involvement and/or Agency Supervision</p> <p><input type="checkbox"/> Written statement from the court or appropriate agency that the applicant has responded positively to supervision, and that it will</p>

	<p>permit the applicant to leave the local area or state while enrolled in Job Corps</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paperwork showing dismissal of criminal charges <input type="checkbox"/> ETA 655 Court Documentation <input type="checkbox"/> ETA 655A Institutional Statement <input type="checkbox"/> Criminal background results <input type="checkbox"/> Supplemental documentation relating to behavioral history <input type="checkbox"/> Written statement from the court or appropriate agency certifying the approval of the applicant's release from its supervision, that the applicant's release does not violate applicable laws and regulations <input type="checkbox"/> Receipt of paid fines or court-ordered restitution <input type="checkbox"/> Confirmation of completion of community service hours
<p>Parental Consent for Minors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emancipation papers <input type="checkbox"/> Marriage license <input type="checkbox"/> ETA 652 (documents proving that signer is the parent of the minor may be included) 	<p>Readmission</p> <ul style="list-style-type: none"> <input type="checkbox"/> OASIS Readmission Report
<p>Selective Service Registration</p> <ul style="list-style-type: none"> <input type="checkbox"/> ETA 652 	<p>Required Non-Eligibility Forms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rights to Use Photographic Likeness or Moving Images Release Form (Exhibit 6-13) <input type="checkbox"/> Equal Opportunity Notice (Exhibit 6-11) <input type="checkbox"/> Parental Consent Form
<p>Low Income One or More of the Following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter or printout from appropriate government agency acknowledging family receipt of cash payments from income-based public assistance e.g., documented eligibility for food stamps at the current time or within the previous 6 months; public assistance voucher or payment stub; documented phone contact with case worker <input type="checkbox"/> At least 1 month's worth of paycheck stubs from each employer, for each working adult member of the family, during the last 6 months, which indicate the employer's name and date of the check 	<p>Non-Required Non-Eligibility Forms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Career Interest Assessment Tools, e.g., O*NET Interest Profiler <input type="checkbox"/> PCDP <input type="checkbox"/> State-specific parental consent form for Drivers Learner's Permit <input type="checkbox"/> State-specific parental consent form for high school equivalency (HSE) test

<ul style="list-style-type: none"> <input type="checkbox"/> Income verification statements from, or documented phone calls with employers <input type="checkbox"/> Excludable income: Letter of receipt of Supplemental Security Income or letter of receipt of unemployment insurance <input type="checkbox"/> Tax returns or W-2s <input type="checkbox"/> A letter from, or documented phone contact with caseworker or public agency personnel attesting that the applicant is in foster care or is a ward of the court or state <input type="checkbox"/> A letter from, or documented phone contact with a homeless shelter or support provider attesting that the applicant is homeless <input type="checkbox"/> Statement of support, signed by applicant, AC, and support provider, if possible 	
	<p>Requires Additional Education and Training ETA 652, and one or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The HSE certificate or Official HSE Test Scores <input type="checkbox"/> School transcript request documentation <input type="checkbox"/> A copy of a HSD or official transcript of completion <input type="checkbox"/> Documented efforts by AC to obtain school records or standardized test results <input type="checkbox"/> Foreign diploma

<p>Confidential Envelope</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Records Release Authorization Form (Exhibit 1-5) <p style="text-align: center;">Health and Disability History Envelope</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any other protected medical/disability-related information (i.e., summaries from current and/or recent medical providers or treatment facilities, including mental health and substance abuse) <input type="checkbox"/> Orthodontic treatment form (if applicable) <input type="checkbox"/> ETA 653 <input type="checkbox"/> Authorization for Use and Disclosure of Your Health Information Form (HIPPA) <input type="checkbox"/> Job Corps Informed Consent to Receive Mental Health and Wellness Treatment <input type="checkbox"/> Medical records <input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Reasonable Accommodation Request form <input type="checkbox"/> Psycho-educational reports <input type="checkbox"/> Other cognitive and achievement testing results <input type="checkbox"/> Immunization records (required)

