

# STATE AND FEDERAL ECSA ELIGIBILITY VERIFICATION CHECKLIST

Applicant Name \_\_\_\_\_

Eligibility item	Verification Source	Result
Social Security Number	If applicant refuses to provide SS#, notify Managing Director.	# _____
US Citizen or otherwise Eligible to work in the U.S	<input type="checkbox"/> I-9 Documentation <input type="checkbox"/> Self-Attestation Form	<input type="checkbox"/> From List A _____ OR <input type="checkbox"/> From List B _____ And List C _____
Age	<input type="checkbox"/> Driver's License <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Birth certificate or hospital record of birth <input type="checkbox"/> DD-214 (Report of Transfer or Discharge) <input type="checkbox"/> Federal, State, Local or Tribal ID Card <input type="checkbox"/> US Passport <input type="checkbox"/> Public Assistance/Social Service Records	<input type="checkbox"/> School Records or ID Cards <input type="checkbox"/> Work permit <input type="checkbox"/> Justice System Records <input type="checkbox"/> Selective Service Registration <input type="checkbox"/> Medical Records <input type="checkbox"/> Tribal Records <input type="checkbox"/> Self-Attestation
Selective Service *Not required for State EcSA eligibility	<input type="checkbox"/> Selective Service Acknowledgment Letter <input type="checkbox"/> Form DD 214 (Report of Separation) <input type="checkbox"/> Screen Printout of verification site <a href="http://www.sss.gov">www.sss.gov</a> <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Verification (Form 3A) <input type="checkbox"/> Stamped Post Office Receipt of Registration	Registration Number: _____

## ECONOMIC SECURITY FOR ALL (EcSA) ELIGIBILITY VERIFICATION RECORD

<b>STATE &amp; FEDERAL ECSA</b>	To be eligible for enrollment in EcSA, an individual must be determined eligible based on one or the following criteria. Determining eligibility for one or both programs: <input type="checkbox"/> STATE and/or <input type="checkbox"/> FEDERAL	
<b>CRITERIA</b>	<b>Eligibility Item</b>	<b>Verification Source</b>
Criteria 1: Below 200% of PFL must document A.	<input type="checkbox"/> A. From households that are below 200% of PFL	<input type="checkbox"/> A. Self-Attestation
Criteria 2: Above 200% of PFL must document: <ul style="list-style-type: none"> <li>• A OR</li> <li>• B</li> </ul> *Federal EcSA may serve above 200% FPL with Managing Director prior approval	<input type="checkbox"/> A. From households above 200% of the FPL at the time of program enrollment and below their self-sufficiency goal, OR <input type="checkbox"/> B. From households that are above 200% of the FPL at the time of program enrollment and determined to be likely to fall into poverty. Must check/verify one. <ul style="list-style-type: none"> <li><input type="checkbox"/> i. Lost employment in last 180 Days</li> <li><input type="checkbox"/> ii. Received or exhausted UI Benefits in last 180 days</li> <li><input type="checkbox"/> iii. Received or exhausted public assistance in last 180 days</li> <li><input type="checkbox"/> iv. Loss of stable housing in last 180 days</li> <li><input type="checkbox"/> v. Offender/Justice-involved</li> <li><input type="checkbox"/> vi. Domestic violence/ stalking Victim</li> </ul>	<input type="checkbox"/> A. UW Self-Sufficiency Calculator Assessment <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> Self-Attestation</li> <li>ii. <input type="checkbox"/> Self-Attestation</li> <li>iii. <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Self-Attestation</li> <li>iv. <input type="checkbox"/> Eviction Notice <input type="checkbox"/> Statement from individual providing residence, shelter or Social Service agency <input type="checkbox"/> Letter from caseworker or support provider <input type="checkbox"/> Self-Attestation</li> <li>v. <input type="checkbox"/> Documents from juvenile or adult criminal justice <input type="checkbox"/> Written Statement/Referral from Court or Probation <input type="checkbox"/> Referral Transmittal from a Reintegration Agency <input type="checkbox"/> Court/Police Records</li> <li>vi. <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Court/Police Records</li> </ul>
Applicant is: <input type="checkbox"/> Eligible <input type="checkbox"/> Not eligible Application is complete, reasonable and internally consistent. <input type="checkbox"/> Yes <input type="checkbox"/> No	Determined by: _____ Date _____ (Staff Member signature) Reviewed by: _____ Date _____ (Manager signature)	