

Farmworker Career Development Program Eligibility Worksheet A

(Review TEGL 18-16 Change 1)

Instructions: Coordinator (designated reviewer) complete this form within 30 calendar days of enrollment (date of initial participation). All sources used for eligibility data elements *shall be in Employ Florida. Update files to keep current as needed.*

Participant Name: _____ State ID No: _____
 Enrollment/date of participation _____ Project: _____

Participant: Adult (Age 18+) Youth (Age 14 -24)

Part A Section I: Review of Application/Enrollment Form (Select One)

1. Is applicant a:

- a. Citizen of the United States Yes No
- b. Non-citizen permitted to accept permanent employment in the United States by the Immigration and Naturalization Service:
 Card Number: _____ Exp. Date: _____ Yes No
- c. Non-citizen permitted to accept employment in the United States by the Immigration and Naturalization Services in accordance with TEGL 02-14 dealing with Deferred Action for Childhood Arrivals (DACA) participants:
 Card Number: _____ Exp. Date: _____ Yes No

- 2. If the applicant is eligible for registration under the Selective Service Act, is the applicant registered?
 Registration Number: _____ Yes No

Part A Section II: Review of the Family Income and Work History Record

Certification Period: From _____ To _____
 Applicant Six Month Pre-Program Earnings _____

- 1. Applicant is a farmworker Yes No Dependent of a farmworker Yes No

Who, during above certification period, must have:

- a. Gained at least 50% of total earned income from farmwork **or** employed in farmwork at least 50% of work time. TEGL No.18-16 Change 1 (Work History must be documented) TEGL No.18-16 Change 1 Yes No
- 2. Applicant meets Low-Income individual as defined in WIOA Section 3(36)(A) see TEGL No.18-16 change 1 – Section 6. Definitions E (i., ii., iii., iv., v., vi.) Yes No
- 3. Have remaining items of the Application/Enrollment Form, the Work History Record and the Family Income Record been completed in Employ Florida? Yes No
- 4. Have the forms been signed by:
 - a. Applicant Yes No
 - b. Designated reviewer/ staff Yes No

Complete all sections with consistent and current information. Incomplete forms or missing signatures will trigger immediate corrective action. All information must be correct and consistent. If not, return to the interviewer for correction/verification.

 Signature of Coordinator / Designee Reviewer _____
 Date