

## Farmworker Career Development Program Eligibility Worksheet B (Review TEGL 18-16 Change 1)

**Instructions:** Authorized reviewer completes within 30 calendar days of enrollment/date of participation. All sources used to verify data elements below *should be in Employ Florida Document (staff)*. *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)

<b>Part B Section I</b>		
Application/Enrollment, Work History and Family Income Record complete?	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
The above forms are reasonable and internally consistent?	Yes [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
<b>Part B Section II</b>		
<b>Eligibility Type:</b>	<b>Circle Eligibility Documentation Used in Each Section</b>	
Legal Status: Evidence of Citizenship	United States (U.S.) Passport or Naturalization Certificate U.S. Birth Certificate Voter Registration Card	
Legal Status:	Employment Authorization Card Alien Registration Document/Card Employment Authorization Card (DACA)	
Family Size / Dependents:	Birth Certificates IRS 1040 Form Filed Marriage Certificate Self-Attestation Family Size Log Form	
Date of Birth-Age:	Driver's License Baptismal record/ Family Bible-Family Tree Chart Birth certificate / Hospital record of birth/ Medical Records DD214, Report of Transfer or Discharge Papers, Selective Service Registration Federal, State, Local ID, Tribal Record, or Passport Public assistance / Social service records/ Work Permit School records/ID Crossmatch with State Agency Record Justice System Records Signed Letter from Parents or Guardian Family Bible- Family Tree Chart Self-Attestation	
6-month Pre-Program Earnings:	Paycheck stubs W-2 forms IRS 1040 Form Filed Employer payroll records/Income Verification Letter UI (unemployment) documents (SUNTAX / wage printout) Self-Attestation	
Farm Work Income Eligibility During 12-month period for determination: Family Income Seasonal Criteria Migrant / Seasonal Status Low Income Status	Paycheck Stubs, Bank Statements, Social Security Benefits, or Pension Statements W-2 forms, Family or Business Financial Records IRS 1040 Form Filed Employer payroll records/Income Verification Letter UI (unemployment) documents (SUNTAX / wage printout) Compensation or Court Award Letter Quarterly Estimate Tax for Self-Employed Person Self-Attestation – Statement Form (Memo Policy No. 23-01)	

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Eligibility Item	Circle Verification Sources Used
Registered for selective military service: (If applicable)	<ul style="list-style-type: none"> <li>• Registration card</li> <li>• Screen shot from <a href="http://ww4.sss.gov/regver/verification1.asp">http://ww4.sss.gov/regver/verification1.asp</a></li> <li>• Selective service application</li> </ul>
Low-Income individual as defined in WIOA Section 3(36) (A) Refer to <b>TEGL No.18-16 Change 1– Section 6. Definitions E (i., ii., iii., iv. , v., vi.) TEGL No. 18-16 Change 1</b> TANF/SNAP Food Stamp Supplemental Nutrition Assistance program, Supplemental Security Income (SSI), General Assistance (GA), Refugee Cash Assistance (RCA), Federal School Lunch, Social Security Disability Insurance (SSDI): SSDI, Individual w/Disability, Homeless	<ul style="list-style-type: none"> <li>• Public assistance records// Medicaid printout or copy</li> <li>• Social service agency verification</li> <li>• Refugee assistance records</li> <li>• Current or 6 months authorization food stamps</li> <li>• Federal School Lunch verification</li> <li>• Housing Authority Verification</li> <li>• Verification cash assistance letter</li> <li>• School IEP (for applicant w/ Disability)</li> <li>• <b>(Refer to TEGL No.18-16 Change 1 – Section 6)</b> <a href="https://wdr.doleta.gov/directives/corr_doc.cfm?docn=8849">https://wdr.doleta.gov/directives/corr_doc.cfm?docn=8849</a></li> </ul>
Labor force status:	<ul style="list-style-type: none"> <li>• Employer letter</li> <li>• One Stop verification</li> <li>• UI (unemployment) documents (SUNTAX / wage printout)</li> <li>• Pay Stubs</li> <li>• Layoff notice</li> <li>• *Case notes, initialed and dated</li> </ul>
Extension of certification period: Disabled, Hospitalized, Military service, Incarcerated, or another legal detainment.	<ul style="list-style-type: none"> <li>• Vocational rehab agency letter</li> <li>• Social service agency letter</li> <li>• Veteran's administration letter</li> <li>• Hospital / physician records</li> <li>• Prison record</li> <li>• Court documents</li> <li>• DD 214</li> <li>• Discharge papers</li> </ul>

<b>Part B Section III</b>		
a. Participant Eligible:	Yes [ ]	No [ ]
b. Data Above Collected:	Yes [ ]	No [ ]
c. Additional Support Documents Required/Self-Attestation:	Yes [ ]	No [ ]

Self-Attestation Statement- Use the provided form found in this attachment for eligible participants that are experiencing hardship to access/secure a copy of the required documents requested to show program eligibility. For additional clarification contact the Florida State Office team.

Add Needed Additional Subrecipient Comments:

<b>Part B Section IV</b>	
Review Item	Circle Verification Sources Used

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Release information	<ul style="list-style-type: none"> <li>• FCDP release information form (Participant and those who you look income in SUNTAX)</li> </ul>
Date of participation: (The program enters)	<ul style="list-style-type: none"> <li>• Enrollment application with signature (Program documents for eligibility determination)</li> <li>• IEP signed, dated.</li> <li>• Case notes initialed, dated.</li> </ul>
Long-term agricultural employment if the applicant is a farmworker. (4 years documented):	<ul style="list-style-type: none"> <li>• IRS 1040 Form (4 years)</li> <li>• Application/Enrollment form with signature</li> <li>• Pay stubs (4 years)</li> <li>• SUNTAX/Wage printout (4years)</li> <li>• Employer Verification Letter</li> <li>• Self-declaration</li> <li>• *Case notes initialed &amp; dated</li> </ul>
<b>Review Item</b>	<b>Circle Verification Sources Used</b>
Date of first intensive service: Pre-test:	<ul style="list-style-type: none"> <li>• Testing records</li> <li>• Individual Employment Plan (IEP) signed &amp; dated.</li> <li>• Work Experience</li> <li>• Remedial reading</li> <li>• Short-term Prevocational Services</li> <li>• *Case notes initialed, dated</li> </ul>
Date of first training service:	<ul style="list-style-type: none"> <li>• IEP signed, dated.</li> <li>• Classroom attendance record</li> <li>• Entrepreneurial training/enrollment record</li> <li>• Registered Apprenticeship</li> <li>• Enrollment record</li> <li>• Signed OJT agreement.</li> <li>• Work Experience</li> <li>• Occupational Skills Training</li> <li>• *Case notes initialed, dated</li> </ul>
Enrolled in a program training or activity leading to an educational or occupational credential or license:	<ul style="list-style-type: none"> <li>• IEP signed, dated.</li> <li>• Attendance records from institution or instructor signed, dated.</li> <li>• Registration/educational or occupational credential / or license</li> <li>• *Case notes initialed, dated</li> </ul>

\_\_\_\_\_  
Signature of Authorized Subgrantee Reviewer / Title

\_\_\_\_\_  
Date

*\*Note: All case notes must be in Employ Florida and updated on a monthly basis.*

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## \*Program Eligibility Self-Attestation Acknowledgement Statement

I \_\_\_\_\_ certify that all the verbal information provided is true.  
(Print Legal Name)

I have provided all truthful information in all necessary eligibility areas to qualify for this program. My initials on the statements below verify and are meant to be true regarding my participation eligibility. Upon acceptance into the program, I may be asked to provide the actual documentation to support my self-attestation statements.

I am attesting that my family size is \_\_\_\_\_(number) of dependents. \_\_\_\_\_ (Initials)

I am attesting that my date of birth is \_\_\_\_\_ (Month-Day-Year). \_\_\_\_\_ (Initials)

My six-month preprogram earnings were in the amount of \$ \_\_\_\_\_ (Initials)

My farmwork income during the twelve-month eligibility period was \$ \_\_\_\_\_ (Initials)

Provide any additional information to qualify you for this program on lines provided: Additional Areas

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Any false statements or misrepresentation could affect my eligibility in the National Farmworker Jobs Program (NFJP) and the Florida Farmworker Career Development Program (FCDP). Any falsely provided information or documentation may cause me to lose my eligibility for this program. Upon that occurring, I may be asked to reimburse the subrecipient for costs incurred and can be dropped from receiving services.

**Participant Signature:** \_\_\_\_\_

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

**Parent Signature:** \_\_\_\_\_

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

*If the Participant is a minor.*

\*Use as applicable