



**Community HealthCorps
ELIGIBILITY VERIFICATION FORM
Appendix I: Member Contract**

Section 1. Member Information

Print Name:	Last	First	Middle Initial
Address (street name and apt. #)		Date of birth (month/day/year)	
City	State	Zip Code	County/Parish
Phone (Daytime)	Extension	Phone (Evening)	Email

Section 2. Emergency Contact Information **In case of an emergency please contact:**

Name	Relationship	
Address		Email
Cell Phone	Daytime Phone	Evening Phone

Section 3. Citizenship

Date Reviewed: _____

Reviewer's Initials: _____

Please check one:

For US Citizens or U.S. National:

- Birth certificate showing that the individual was born in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands
- A United States Passport
- A report of birth abroad of a US Citizen (FS-240)
- A certificate of birth-foreign service (FS-545)
- A certificate of naturalization (Form N-560 or N561) INS
- A Certificate of citizenship (Form N-560 or N-561) issued by the INS

For Lawful Permanent Resident Alien:

- Passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence.
- Departure record (INS Form I94) indicating the INS has approved it as temporary evidence of lawful admission for permanent residence.
- Permanent resident card or Alien Registration Card (Form I-551) issued by INS.

Issuing Authority: _____

Document #: _____

Section 4. Age and Consent

Please check one:

- Member is 18 years of age or older
- Member is under 18 years of age (written consent by parent/legal guardian required)

In order to verify and certify age, a copy of one of the following must be kept in applicant's file, except for where prohibited by state law.

Please check one:

- | | |
|--|--|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Birth certificate showing that the individual was born in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands |
| <input type="checkbox"/> A United States Passport | |
| <input type="checkbox"/> A report of birth abroad of a US Citizen (FS-240) | |
| <input type="checkbox"/> A certificate of birth-foreign service (FS-545) | |

Issuing Authority: _____

Document #: _____

Section 5. Member Contract

Enter Contract Signature Date Here: _____

Contracted Start Date: _____

Contracted Exit Date: _____

Member has completed and signed a Member Contract prior to commencing service. Member understands that he/she may not begin earning service hours until his/her Member Contract has been fully signed and executed.

Section 6. National Service Criminal History Check ID VERIFICATION

Please record the government issued PHOTO ID used to verify applicant identity In the spaces below:

One of the following forms of identification is acceptable: State drivers' licenses, non-driver photo IDs issued by States' Department of Motor Vehicles, and/or federally-issued photo IDs, including official passports

Document Title: _____ Issuing Authority: _____

Document #: _____

Section 7. National Sex Offender Public Registry Search VERIFICATION

A copy of both NSOPR and Criminal Registry search results (State and FBI) must be maintained in the applicant's file, unless prohibited by state law.

This documentation may be kept with Human Resources if this is company policy, but must be made available to NACHC upon request.

A National Sex Offender Public Registry Search has been conducted for this individual. This individual is:

- Eligible to serve
- Ineligible

Section 8. Publicity Release Form

Check here if you do not wish to agree to publicity release.

Member hereby authorizes Community HealthCorps, _____ (program sponsor site), the National Association of Community Health Centers (NACHC) and the Corporation for National and Community Service (CNCS) to copyright, publish, use, sell, or assign any and all photographic pictures, videotapes and/or sound recordings taken or made of him/her, or in which he/she may be included in whole or part, without compensation to member. Member grants permission to allow these images and/or recordings to be put to legitimate use at the discretion of the program. Member relinquishes all rights, titles or interest to any furnished products, reproductions or facsimiles.

Section 9. Member Benefits

HEALTH CARE BENEFITS - Members are eligible to be enrolled in health insurance if they are serving full time. A summary of the plan is offered as Appendix III in the Member Contract.

Check one: I accept the health insurance as offered I decline the health insurance as offered and proof of health care coverage has been submitted to the Program Coordinator.

CHILD CARE BENEFITS - Members may be eligible for a child care allowance to be paid directly to an approved provider. Based on the guidelines in the Member Contract, please check one:

I am interested in applying for child care benefits and have notified my program coordinator
 I am not interested in applying for child care benefits

Section 10. INITIAL CERTIFICATION (Sections 1-9 must be completed and signatures obtained below prior to enrollment.)

MEMBER CERTIFICATION & NSCHC PERMISSION - I attest under penalty of perjury, that I have provided authentic document(s) to the Community HealthCorps program and that all responses are true to the best of my knowledge. I authorize the program to conduct a National Service Criminal History Check, as well as authorize the program to share the results of that check within the program, as appropriate. I understand that I will have an opportunity to review and challenge the factual accuracy of a result before action is taken to remove or exclude me from this position.

Member Signature _____ Date (month/day/year) _____

CERTIFYING OFFICIAL VERIFICATION - I attest under penalty of perjury, that I have examined the document(s) presented by the above named member, that the above listed document(s) appear to be genuine and are related to the member named.

Certifying Official Signature _____ Date (month/day/year) _____

PARENT OR LEGAL GUARDIAN CONSENT (if applicable) **Not applicable, applicant/member is 18 or older.**

I have been informed of the duties and responsibilities of an AmeriCorps member, and I hereby give authorization for the applicant in my custody to serve. I authorize the program to conduct a National Service Criminal History Check on this applicant. I authorize the Publicity Release as described in Section 8.

Name of Person Giving Consent: _____ Relationship to Member: _____
 Signature: _____ Date: _____

Please consider the results of the criminal history check, complete Section 10 of this form and sign below within two weeks of the receipt of criminal history check results.

Section 11. Criminal Registry Search VERIFICATION

State and FBI criminal registry searches have been conducted for this individual. Using our organization's criterion for determining eligibility, this individual is: Eligible to serve Ineligible

A copy of both NSOPR and Criminal Registry search results (State and FBI) must be maintained in the applicant's file, unless prohibited by state law. This documentation may be kept with Human Resources if this is company policy, but must be made available to NACHC upon request.

Section 12. FINAL CERTIFICATION

MEMBER CERTIFICATION - I have reviewed the results of the National Service Criminal History Check. I understand that the results have been considered regarding my eligibility to participate in the program, and the program has provided me with an opportunity to challenge any adverse findings.

Member Signature _____ Date (month/day/year) _____

CERTIFYING OFFICIAL VERIFICATION - A National Service Criminal History Check has been conducted on the above named applicant, and the applicant has been given an opportunity to challenge any adverse findings. Findings have been considered with regards to the applicants' eligibility to serve in the program.

Certifying Official Signature _____ Date (month/day/year) _____