# Grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Participant File Review—SCSEP Grants

**Verification of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identification and Eligibility:**

|  |
| --- |
| * Identification
 |
| * [I-9 form](https://www.uscis.gov/sites/default/files/files/form/i-9.pdf)
 |
| * Full legal name (required on IEP)
 |
| * Citizenship (self-attestation) or proof of Right to Work
 |
| * Social Security Number
 |
| * Birth Date
 |
| * Selective Service registration (for individuals born male after 12/31/59)
 |
| * Veteran (DD214) (or eligible spouse)
 |
| * Equal Opportunity is the Law/How we Use Your Personal Info - Updated 10/2017(find links [here](#_Acceptable_Participant_File))
 |
| * Address/Residency
 |
| * Homeless
 |
| * Urban/rural designation
 |
| * Number in family and/or Family of 1 (required 3rd party attestation)
 |
| * Employed prior to participation
 |
| * Total includable family income (12 month or 6 month annualized)
 |
| * Public assistance
 |

**Priority Populations and Most In Need Characteristics**

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| * Limited English proficiency
 |
| * Low literacy skills
 |
| * At risk of homelessness
 |
| * Failed to find employment after using WIA title I.
 |
| * Low employment prospects
 |
| * Severe disability documentation
 |
| * Frail documentation
 |
| * Old enough but not receiving SSA title II benefits (documentation)
 |
| * Severely limited employment prospects (case note)
 |
| * Formerly incarcerated
 |

**Intake, Assessment and IEP**

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| * Assessment Form
 |
| * Physical exam/Waiver
 |
| * Disability status documentation
 |
| * Date of signing the application form
 |
| * Date of eligibility determination
 |
| * Reason for approved break in participation (if applicable)
 |
| * Date of last IEP
 |
| * IEP completeness (full name/signatures/goals/objective) 2x per year
 |

**Recertification (annually)**

|  |
| --- |
| * Recertification participant signature
 |
| * Date of recertification determination
 |
| * Recertification number in family
 |
| * Recertification total includable family income
 |

**Worksite employment or OJE**

|  |
| --- |
| * Total hours paid/Time sheet (includes hours for training)
 |
| * Job description
 |
| * OJE training site provided
 |
| * 501(c)3 documentation
 |
| * Host Site Agency Agreement
 |
| * Host Site Monitoring Form
 |

**Exits**

|  |
| --- |
| * Exit reasons/ Other exit
 |
| * Employment Verification Form
 |
| * Placement date
 |
| * Termination letter dates (Exit letter 30 days prior to program exit?)
 |
| * Date of exit (no services post exit and information/date correct)
 |
| * Exclusion discovered after exit
 |
| * Follow-up documentation
 |
| * Wage data – Supplemental Data
 |
| * Wages paid during the first quarter after exit quarter (no wages, in-state UI records, out-of-state WRIS data records, supplemental through case management, other administrative records)
 |

**Other**

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| Case Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Revised: August 2022*

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| **Poverty Guidelines (125%): 48 Contiguous States (all states except Alaska and Hawaii)** |
| **Household/Family Size** | **2023** | **2024** | **2025** |
| 1 | 18,225.00 | 18,825.00 | 19,562.00 |
| 2 | 24,650.00 | 25,550.00 | *26,437.00* |
| 3 | 31,075.00 | 32,275.00 | 33,312.00 |
| 4 | 37,500.00 | 39,000.00 | 40,187.00 |
| 5 | 43,925.00 | 45,725.00 | 47,062.00 |
| 6 | 50,350.00 | 52,450.00 | 53,937.00 |
| 7 | 56,775.00 | 59,175.00 | 60,812.00 |
| 8 | 63,200.00 | 65,900.00 | 67,687.00 |
| **Add for each additional person** | 6,425.00 | 6,725.00 | 6,875.00 |