

SECTION I: IDENTIFYING INFORMATION

RECIPIENT NAME:		ADDRESS:		TELEPHONE:	
CITY:	ZIP CODE:	SSN:	DATE OF BIRTH:		

SECTION II: ELIGIBILITY INFORMATION (Check those areas that apply)

STEP 1: Participation Eligibility (Check those areas that apply)

- Transitional Employment Assistance (TEA)
- Child Nutrition Programs, Free/reduced school lunch Programs
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid or Chip (Including ARKids),
- Supplemental Security Income (SSI) or Supplemental Security Disability (SSD)
- Woman, Infant & Children (WIC)
- Housing and Urban Development (HUD), Section 8 or Public Housing
- Workforce Innovation and Opportunities Act (WIOA)

(If the family indicates that they receive any of the assistance listed above, a letter of eligibility or other official documentation should accompany this form to verify the receipt of one or more of these services.)

If checked, the family is eligible for TANF-funded services Go to Section III.

If not checked, complete Step 2 AND Step 3 to verify eligibility and parental status using income.

STEP 2: Family Definitions

The family applying for services includes:

- A parent or relative caring for one or more minor children (see definition of "child" below)
- A pregnant woman, or
- A non-custodial parent (see definition of "non-custodial parent" below)

Child: a dependent person under 18 (or under 19 who is still a full-time student in high school or at the equivalent level of vocation or technical training), who has never married or whose marriage was annulled and whose eligibility is being determined.

Parent: includes a mother, father, adoptive mother, adoptive father, step-father and step-mother.

Non-Custodial Parent: the parent is not in the household of the child (see definition of child above) whose eligibility is being considered. Both the non-custodial parent and the child must live in the State of Arkansas.

Blood Relative: including those of half-blood, within the relationship of siblings, first cousins, nephews, nieces, aunts, uncles and individuals of preceding generations as denoted by prefixes of grand, great, great-great, etc. This group includes relatives within the fifth degree of kinship to the dependent child; therefore, this includes first cousins once removed, but not the second cousins.

STEP 3: Income Eligibility

The family income is less than 200% of the federal poverty level (See the income chart and complete Financial Eligibility Section).

STEP 4: Citizenship Eligibility

The TANF-funded services are for the benefit of a family member who is:

- A citizen of the United States; or
- A non-citizen who meets the TANF-eligible citizen criteria.

(If neither box is checked, the person or family is NOT eligible for TANF funded services or programs.)

If Step 2, 3 AND 4 above are checked, the family is eligible for TANF-funded services. Go to Section III.

If Step 2 AND 3 are not checked, STOP. The family is NOT eligible for TANF-funded services. Go to Section IV.

DETERMINATION OF NEED (Continued)

A. What TANF purpose does the program, benefit or service accomplish? 1 2 3 4

B. Does eligibility have income requirements? Yes No

Note: If TANF purpose number 2 were selected above, the answer is "Yes." If the benefit or service is provided by the TANF Oversight Board through local operating procedures, and the eligibility requirements include income level, the answer is "Yes."

C. If "Yes," does the family meet income eligibility requirements? Yes No

If income is strictly based on Arkansas' definition of "needy":

- Does the family receive Temporary Cash Assistance, relative caregiver program payments, food stamps or are the children in the family eligible for Medicaid? Yes No
- Is the family's total income less than 200% of the Federal Poverty Level based on household size? Yes No Number of household members _____

If income is based on reporting instructions, local operating procedures or guidance, please review the appropriate materials for income eligibility determination.

SECTION IV: CERTIFICATION OF ELIGIBILITY CRITERIA

This is a certification that the information provided on this form is true and correct to the best of the knowledge of those individuals whose signatures are affixed. If the information changes notification will be provided to program staff of the new information.

The provider is to review the following statements with the program applicant/participant.

Income based or means tested benefits require "family eligibility."

I understand that a family member may be designated as a non-applicant, and his/her information regarding citizenship or qualified non-citizenship status will not be required. I understand that my benefits or services will not be delayed if information regarding the non-applicant's citizenship status is not provided.

Privacy Statement

I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under Social Security Act ((42 U.S.C. 1137). If I do not have a social security number and have not applied for a social security number, I can request help with filing an application. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes.

If I do not have a Social Security Number and do not know how to apply for one, I understand that I can request help from the program provider identified below. The designated person will refer me to the appropriate agency and may provide other help as needed and requested.

I understand that my Social Security Number will be used to associate all records to my identification, including program participation and the receipt of services and benefits.

I _____ certify, to the best of my knowledge, the above information in this form is true, including income and citizenship/qualified non-citizenship information.

NAME:		SSN:	DATE:	
SIGNATURE:			PHONE NUMBER:	
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:
PROGRAM SERVICE PROVIDER: Print Name		PROGRAM SERVICE PROVIDER: Signature	DATE:	
NAME: (Please Print)		SIGNATURE OF RESPONSIBLE FAMILY:	DATE:	
Based on the information provided, the family is <input type="checkbox"/> eligible OR <input type="checkbox"/> not eligible for TANF-funded services for the period: _____ through _____				

Authorization to Release of Information

&

Photo Release

This document is to certify that I have requested the services of the Arkansas Workforce Center at Little Rock.

X I _____ give my school and other social service agencies permission to disclose information to the Arkansas Workforce Center at Little Rock Youth program. They are allowed to receive any screening data, report cards, test information, behavior documents, and social service information. I also authorize the release of any records: including, psychological or medical records reports and the results of any evaluation or assessments. The purpose of this disclosure herein is to comply with the school district and social services policies.

I understand that my records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse patient's records, CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance to it and that in any event this consent expires which is one year after my exit date of this program.

I also hereby give my permission for my photograph to be published/produce with the understanding that all information will be relevant and accurate to business of the Arkansas Workforce Center of Little Rock.

X _____
Customer Signature

X _____
Customer Name

X _____
Date

X _____
Parent/Guardian Signature

X _____
Parent/Guardian Name

X _____
Date

X _____
Career Counselor Signature

X _____
Career Counselor Name

X _____
Date

Arkansas Job Link
ServiceLink One-Stop Programs
AUTHORIZATION FOR THE RELEASE OF INFORMATION

One of the goals of the agencies listed below is to make their services more accessible. In order to meet this goal, these agencies are working together to make their services available to you and at the same time reduce the number of forms you are asked to complete. In order to accomplish this goal and better serve you, it is necessary for these agencies to share certain information about you. Please read this form carefully before providing your User ID and Password as verification of authorization to share your personal information.

The following agencies may be sharing the information described below:

- Workforce Innovation and Opportunity Act service provider
- Department of Human Services
- Division of Rehabilitation Services
- Department of Workforce Services (formerly Employment Security Department)
- Department of Education and local school districts
- Department of Workforce Education and affiliated training providers
- Department of Higher Education and affiliated educational institutions
- Private and career training institutions

Personal information that may be shared includes income, military service, education level, work experience, and other information related to helping you find a job or advance your career goals.

I understand that these records may be protected under State and Federal law and if so cannot be disclosed without my consent.

I have read this consent for sharing of information. I understand that by entering my user ID and password in the blocks below I am agreeing to the sharing of my information by the agencies listed above. I authorize the sharing of information only to the agencies listed above with the restriction that the information cannot be passed on to any other person or entity.

I understand that I may cancel my consent at any time by delivering a written notice of my cancellation to an Arkansas Workforce Center or by logging into AJL, selecting Register with Job Service, clicking Verify at the bottom of the Equal Opportunity statement, which will bring up a copy of this agreement. I may click in the box with the check mark below to remove the check mark. A photo static copy of this consent for sharing of information is considered valid.

I agree to share my information as described above.

X _____
Customer Signature

X _____
Customer Name

X _____
Date

X _____
Parent/Guardian Signature

X _____
Parent/Guardian Name

X _____
Date

X _____
Career Counselor Signature

X _____
Career Counselor Name

X _____
Date

AUTHORIZATION TO OBTAIN INFORMATION

- The Department of Human Services may provide information regarding my participation in Transitional Employment Assistance (TEA) programs.
- The Division of Rehabilitation Services may provide information regarding my participation in Rehabilitation Services employment and training programs.
- The Employment Security Department may provide information related to unemployment insurance benefit information and my participation in Workforce Investment Act employment and training programs.
- The Department of Education and local school districts may provide records relating to my current and past education.
- The Department of Workforce Education and affiliated training providers may provide records relating to current and past education.
- The Department of Higher Education and affiliated educational institutions may provide records relating to current and past education.
- Private and career training institutions may provide records relating to current and past training and education.
- My current and past employers may provide information related to my employment.
- Other Agencies may provide: _____

Customer Signature

Customer Name

Date

Parent/Guardian Signature

Parent/Guardian Name

Date

Career Counselor Signature

Career Counselor Name

Date

DISTRIBUTION: One (1) copy each to customer, case manager, customer master file, and each participating One-Stop Partner.

HATCH ACT NOTICE

POLITICAL ACTIVITIES UNDER THE WORKFORCE INNOVATION AND OPPORTUNITY TITLE 1 B PROGRAM (WIOA)

WIOA participant may participate freely in the political process with the following exceptions:

- No program participant or staff person may engage in partisan or nonpartisan political activities while he or she is on the job.
- No program participant or staff person, at anytime, may represent himself or herself as a spokesperson of the Arkansas Workforce Center at Little Rock and engage in partisan or nonpartisan political activities.
- No program participant may be employed or out-stationed in the office of a member of Congress, in the office of a state or local legislator, or on the staff of a legislative committee.
- Some participants who are employed by federal, state, and local governments on federally-aided projects may have additional restrictions as a result of the Hatch Act.
- Activity permitted by federal law may be restricted or prohibited by state or local law or regulation.

For additional information contact:

Your Career Counselor

The Inspector General of the Department of Labor at (800) 347-3756

Hatch Act Information at (800) 854-2824, or www.osc.gov.hatchact.htm

I understand my rights under the Hatch Act.

X _____
Customer Signature

X _____
Customer Name

X _____
Date

X _____
Parent/Guardian Signature

X _____
Parent/Guardian Name

X _____
Date

X _____
Career Counselor Signature

X _____
Career Counselor Name

X _____
Date

A copy of this statement will be furnished to the participant.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

~~Employees may present one selection from List A and one selection from List B and one selection from List C.~~

	Documents that Establish Identify	AND Documents that Establish Employment Authorization
 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write in This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
			BSM / HR Rep	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Brunfield	Shanka	Equus WIS		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code
5401 S. University Avenue		Litt Rock	AR	72209

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

Lakeside School District

1110 S. Lakeshore Drive • Lake Village, Arkansas 71653

Phone: 870-265-7300 • FAX: 870-265-7307



Dr. Billy Adams
badams@lsschool.org
870-265-1799

September 3, 2021

To Whom It May Concern:

The Lakeside School District participates in the National School Lunch Program in all of our schools, Kindergarten through twelfth grade and in our preschool program. If you have any questions, please feel free to contact me at 870-265-1799 or badams@lsschool.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Billy Adams", written over a horizontal line.

Dr. Billy Adams, Superintendent

I-9 INFORMATION

2 FORMS OF ID

**SEE LIST OF ACCEPTABLE
DOCUMENTS**