Member File Review Checklist – Current Year

Program: _____ **Program Year:** _____ **Date:** _____

Member's Name	Service Term (FT, TQT, HT, RHT, QT, MT)	Start Date	Term Date (if app)	Member was Enrolled within 8-Days (9-Days in eGrants acceptable)	Application Materials	W-4	Government-Issued Identification	Proof of Age/Citizenship/Eligibility (Auto Verification/Manual Verification)	NSCHC - NSOPW	NSCHC - State of Service (WA)	NSCHC – State of Residence (not WA, if app)	NSCHC - FBI	Member Service Agreement with Signature (Signed on or before Start Date)	Member Media Release	Position Description	Health Insurance Enrollment/Waiver	Performance Evaluations (Mid and/or End of Year as app)	Documentation of Compelling Circumstances (if app)	Parental Consent Form (if app)

																Member's Name
																Service Term (FT, TQT, HT, RHT, QT, MT)
																Start Date
																Term Date (if app)
																Member was Enrolled within 8-Days (9-Days in eGrants acceptable)
																Application Materials
																W-4
																Government-Issued Identification
																Proof of Age/Citizenship/Eligibility (Auto Verification/Manual Verification)
																NSCHC - NSOPW
																NSCHC - State of Service (WA)
																NSCHC – State of Residence (not WA, if app)
																NSCHC - FBI
																Member Service Agreement with Signature (Signed on or before Start Date)
																Member Media Release
																Position Description
																Health Insurance Enrollment/Waiver
																Performance Evaluations (Mid and/or End of Year as app)
																Documentation of Compelling Circumstances (if app)
																Parental Consent Form (if app)