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| **State_Seal3** | | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES  **PROVIDER EMPLOYMENT ELIGIBILITY VERIFICATION** | | | | | |  |
| PROVIDER APPLICANT NAME: (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | |
| Examine one document from List A or one document each from List B and List C. You can choose to either copy the document(s) that you examined and put the copy in the provider's file or you can certify that you have checked the document(s) by signing and dating this form and put a signed copy in the provider's file. | | | | | | | | |
| **LIST A OR** | | | **LIST B AND** | | **LIST C** | | | |
|  | U.S. Passport (expired or unexpired)  Certificate of US Citizenship (INS N-560 or N-561)  Certificate of Naturalization (Form N-550 or N-570)  Unexpired foreign passport with I-551 stamp or INS Form I-94  Alien Registration Receipt card with photograph  Unexpired Temporary Resident Card (INS I-688)  Unexpired Employment Authorization Card Issued by INS containing photograph  Unexpired Reentry Permit  Unexpired Refugee Travel Document (INS I-571) | |  | Driver's license or ID card issued by the State  ID Card with a photograph issued by federal, state, or local government agency  School ID with a photograph  Voter registration card  US Military card or draft record  Military dependent's ID card  Us Coast Guard Merchant Mariner Card  Driver's license issued by Canada |  | Social Security Card  Certification of Birth Abroad (Form FS-545 or DS-1350)  Birth Certificate (original or certified copy)  Native American Tribal document  US Citizen ID Card (IN I-97)  ID Card for use of resident citizen (INS I-179)  Unexpired INS employment authorization document (not on List A.) | | |
| I attest under penalty of perjury, that I have examined the document(s) presented by the above named person and that they appear to be genuine and relate to the applicant named and that, to the best of my knowledge, the applicant is eligible to work in the United States. | | | | | | | | |
| SIGNATURE OF DSHS REPRESENTATIVE: | | | | | | | | |
| TITLE: | | | | | | | **DATE:** | |