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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-94Alien Registration Receipt card with photographUnexpired Temporary Resident Card (INS I-688)Unexpired Employment Authorization Card Issued by INS containing photographUnexpired Reentry PermitUnexpired Refugee Travel Document (INS I-571) | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | Driver's license or ID card issued by the StateID Card with a photograph issued by federal, state, or local government agencySchool ID with a photographVoter registration cardUS Military card or draft recordMilitary dependent's ID cardUs Coast Guard Merchant Mariner CardDriver's license issued by Canada | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | Social Security CardCertification of Birth Abroad (Form FS-545 or DS-1350)Birth Certificate (original or certified copy)Native American Tribal documentUS 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:** |