

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.					
LIS	T A OR	LIS	T B AND	LIS	TC
	U.S. Passport (expired or unexpired)		Driver's license or ID card issued by the State		Social Security Card Certification of Birth Abroad (Form
	Certificate of US Citizenship (INS N-560 or N-561)		ID Card with a photograph issued by federal, state, or local government agency		FS-545 or DS-1350)
	Certificate of Naturalization (Form N-550 or N-570)		School ID with a photograph		Birth Certificate (original or certified copy)
	Unexpired foreign passport with I-		Voter registration card		Native American Tribal document
	551 stamp or INS Form I-94 Alien Registration Receipt card		US Military card or draft record		US Citizen ID Card (IN I-97)
	with photograph		Military dependent's ID card		ID Card for use of resident citizen (INS I-179)
	Unexpired Temporary Resident Card (INS I-688)		Us Coast Guard Merchant Mariner Card		Unexpired INS employment authorization document (not on List A.)
	Unexpired Employment Authorization Card Issued by INS containing photograph		Driver's license issued by Canada		,
	Unexpired Reentry Permit				
	Unexpired Refugee Travel Document (INS I-571)				
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.					
TITLE:					DATE: