



Georgia Department of Early Care and Learning

Summer Transition Program Acceptable Verification Documentation

To be eligible to participate in the Summer Transition Program, each child must be verified as a U.S. citizen or have established status as a lawfully admitted qualified alien. Acceptable documentation must be on file before the child may be enrolled in the program. Verification must be obtained by using one of the following documents.

- Birth Certificate
- Certificate of Citizenship (Forms N-560)
- Naturalization Certificate (N-550)
- Vital records (document information viewed case activity log in SPMS)
- Report of Birth from Abroad of a U.S. Citizen (Form FS-240, FS-545, DS 1350)
- U.S. Citizen I.D. card (I-97)
- U.S. Passport
- Consoler's report of birth
- American Indian Card (first issued by USCIS in 1983)
- Court records of parentage, juvenile proceedings or child support indicating place of birth
- Religious record of birth recorded in the United States or its territories within three months of birth. The document must show either the date of birth or the individual's age at the time the record was made
- Any document that establishes place of birth or U.S. citizenship such as records from SSA, VA, local government agencies, hospitals or clinic's record of birth or parentage
- A notarized collateral statement of a person who has knowledge of an individual's place of birth (only used for verification when no other verification is available)
- Early school records showing the date of admission to the school, the child's date and place of birth and the names and place of birth of the parents
- Census record showing the name, U.S. citizenship or a U.S. place of birth, and date of birth or age of the individual
- Adoption finalization papers showing the child's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands (St. Thomas, St. John, St. Croix), Northern Marianna Islander (Saipan, Rota, Tinian), American Samoa or Swains Island



Summer Transition Program 2018 Eligibility Information Form

Please clearly print the name as it appears on the birth certificate.

Legal Last Name																			
Legal First Name																			
Legal Middle Name															Name Suffix (Jr, II, III)				
Child's Social Security #							DOB) (M/D/Y)							Gender					
-- --							/ /							<input type="checkbox"/> M <input type="checkbox"/> F					

Indicate whether your child currently receives any of the following services?

- Child Care and Parent Services (CAPS)
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Temporary Assistance for Needy Families (TANF)
- None of the above

If you selected any of the services above, **documentation must be provided to verify active participation** in the program. If you checked multiple boxes, documentation verifying any one of the services will be sufficient.

Parent/Guardian Signature Date

For program office use only

If families are currently participating in any of the aforementioned services and verifying documentation is on site, programs may use the Summer Transition Program 2018 Eligibility Information Form in lieu of the Income Eligibility Worksheet.

Current participation in the above program verified:

Yes
Indicate type of documentation received: _____

Other: _____

No
If current participation cannot be verified, the program must complete the **Income Eligibility Worksheet** to determine eligibility

Summer Transition Program Employment Verification Form

****This form should be used if no other written financial verification (paystub, etc.) is available****

The below named individual listed your company as their place of employment. In order to provide services to your employee's child, it is necessary that we verify his/her employment.

Employee Name: _____

Please complete the questions on the as fully as possible. Please sign, date and return this information within **5 days** to ensure services can be provided in a timely manner.

Authorization to Release Information

I, _____, hereby authorize my employer to furnish complete information about my earnings to _____

Signature

Date

Employee Information

Name and address of employee from your records: _____

Beginning date of employment: _____ Job title of the employee: _____

Gross rate of pay: \$ _____ per _____

Number of hours per week this employee is scheduled to work: _____

Employee is paid (Check which apply): Daily: ___ Weekly: ___ Bi-weekly: ___ Semi-monthly: ___
Monthly: ___

Please complete the following chart for the last _____ weeks. Please show the date this employee actually received the checks.