



# Pathways for Young Adults Program



## Eligibility Document Checklist

Please submit one document under each section for verification

### The applicant has provided document to verify **AGE (18 - 24).**\*

- Birth Certificate
- U.S. Passport
- Unexpired state-issued Driver's License, Learner's Permit, or Non-Driver's Identification Card
- Permanent Resident Card

*\*All documents verifying age must show participant's age or date of birth.*

### The applicant has provided document to verify **RESIDENCE in Washington, DC.**\*

- Unexpired state-issued Driver's License, Learner's Permit, or Non-Driver's Identification Card
- Mail from a Federal or District Government Agency
- 2014 Income Tax Form 1040 (must be signed and notarized)
- Executed Lease or Rental Agreement dated within one year (must be signed and dated)
- 2014 W-2

*\*We will not accept any documents from the Office of Youth Programs.*

*\*All documents verifying residence must show participant's name and address.*

### The applicant has a verified **SOCIAL SECURITY NUMBER.**

- Social Security Card
- Letter from the Social Security Administration (must show participant's name and SSN)
- 2014 W-2 (must show participant's name and SSN)

### The applicant has provided document to verify **PERMISSION TO WORK in the United States.**

- A Photo ID and U.S. Birth Certificate or a Photo ID and a Social Security Card (Photo ID must be a state-issued driver's license, ID card, or school ID)
- U.S. Passport, Permanent Resident Card, or INS Form I-766 with Unexpired Employment Authorization
- Unexpired Foreign Passport with I-551 Stamp or Attached INS Form I-94

(Consult Federal I-9 Form for Additional Acceptable Documents)

The Department of Employment Services is an Equal Opportunity Employer/Provider. Language interpretation services are available without cost. Auxiliary aids and services are available upon request for individuals with disabilities.



Government of the District of Columbia  
Muriel Bowser, Mayor

# PYAP

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*For internal use only.*

Youth Name: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

\*Youth Representative Name: \_\_\_\_\_

*\*Person submitting documentation on behalf of youth*

Thank you for attending your scheduled certification event on \_\_\_\_\_ at \_\_\_\_\_ (am/pm).  
After review of the documentation presented, your current eligibility status is as follows:

**Certified** – All documents have been received. Please check your youth portal for next steps!

**Not Certified** – You are currently missing the following document(s):

- \_\_\_ Proof of **AGE**
- \_\_\_ Proof of a valid **SOCIAL SECURITY NUMBER**
- \_\_\_ Proof of **DC RESIDENCY**
- \_\_\_ Proof of **PERMISSION TO WORK** in the United States

Prerequisites	Nursing Asst.	A+ Certification	Medical Office Admin. Asst.
<b>CASAS*</b>	<input type="checkbox"/> R 231/M221	<input type="checkbox"/> R 234/ M 224	<input type="checkbox"/> R 231/ M 221
<b>CPR*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Urine Toxic Screening*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Physical/Medical Exam</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Background Check*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

In order to continue with the application process you must submit all required documents by no later than \_\_\_\_\_ at \_\_\_\_\_. If you do not submit all of your documents by this date, you will not be eligible to participate in the upcoming cohort.

All documents must be submitted in person at a mandatory information session and/or certification event. If you have any questions or concerns, please feel free to email us at [youthjobs@dc.gov](mailto:youthjobs@dc.gov)!

PYAP Representative Name (print): \_\_\_\_\_ Station #: \_\_\_\_\_

Youth/Representative Signature: \_\_\_\_\_

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