

## Member Eligibility Tracking Form

Program Name:

Member Name & Enrollment Date	Citizenship	Educational Level	Criminal History Check	Comments
	<input type="checkbox"/> Yes <input type="checkbox"/> No Type _____  Item No. _____	<input type="checkbox"/> Diploma/GED <input type="checkbox"/> Self-Certification <input type="checkbox"/> No documentation	<b>ICHAT:</b> Screenshot <input type="checkbox"/> Prior to enrollment <input type="checkbox"/> <b>NSOPR :</b> Screenshot <input type="checkbox"/> Prior to enrollment <input type="checkbox"/> <b>FBI Check:</b> Required (recurring access to vulnerable populations) <input type="checkbox"/> Not submitted <input type="checkbox"/> Submitted/Awaiting results <input type="checkbox"/> Submitted/Results received <input type="checkbox"/> Prior to enrollment <input type="checkbox"/>	
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