



Documentation of Eligibility

First Name	Middle Initial	Last Name	Record #
Person Completing Documentation			

Age (Must be under age of 18 throughout core program – born after June 30, 1992)

D.O.B	Verified By (Check At Least One) <i>Attach photocopies of verification documents to this form.</i>
	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> School Record <input type="checkbox"/> Other (Please Describe):

Notes

Justice Status (See definitions in RAMP Handbook)

Offense Status (Check Only One)	<input type="checkbox"/> No Offenses (At Risk) <input type="checkbox"/> First Time Offender <input type="checkbox"/> Repeat Offender
Offense Type(s) (Check All That Apply)	<input type="checkbox"/> Sex <input type="checkbox"/> Status <input type="checkbox"/> Violent <input type="checkbox"/> Other/NA
At-Risk Factors (Check All That Apply)	<input type="checkbox"/> Low Math Skills <input type="checkbox"/> Mental Health Needs <input type="checkbox"/> Disciplinary Incidents <input type="checkbox"/> Low Reading Skills <input type="checkbox"/> IEP Behavior Plan <input type="checkbox"/> Out of School <input type="checkbox"/> Low Grades <input type="checkbox"/> Pregnant <input type="checkbox"/> Truancy

Verified By (Check All That Apply) *Attach photocopies of verification documents to this form.*

<input type="checkbox"/> Self-report <input type="checkbox"/> Court record <input type="checkbox"/> School record <input type="checkbox"/> Test scores
<input type="checkbox"/> Parent/guardian/family member (Name: _____ Relationship: _____ Phone: _____)
<input type="checkbox"/> Parole, probation, or court officer (Name: _____ Role: _____ Phone: _____)
<input type="checkbox"/> Referral by school or other partner organization (Name: _____ Agency: _____ Phone: _____)



Notes

[Empty box for notes]

Disability Status

Nature of Disability(ies)	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Learning Disability
	<input type="checkbox"/> Cognitive Disability	<input type="checkbox"/> Other:	

Verified By (Check All That Apply) *Attach photocopies of verification documents to this form.*

Self-report **Medical record** **School record/IEP** **Assessment**

Parent/guardian/family member
(Name: _____ Relationship: _____ Phone: _____)

Parole, probation, or court officer
(Name: _____ Role: _____ Phone: _____)

Referral by school or other partner organization
(Name: _____ Agency: _____ Phone: _____)

Notes

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Other Documentation

Notes

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