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| --- | --- |
|  |  |
| Documentation of Eligibility |
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|  |  |  |  |
| --- | --- | --- | --- |
| **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) *Attach photocopies of verification documents to this form.* |
|  | \_\_\_\_ Birth Certificate \_\_\_\_ Driver’s License/State ID \_\_\_\_ School Record\_\_\_\_ Other (Please Describe): |
| **Notes** |
|  |

**Justice Status** *(See definitions in RAMP Handbook)*

|  |  |
| --- | --- |
| **Offense Status**(Check Only One) | No Offenses (At Risk) \_ First Time Offender \_ Repeat Offender |
| **Offense Type(s)**(Check All That Apply) | Sex Status Violent Other/NA |
| **At-Risk Factors**(Check All That Apply) | Low Math Skills Mental Health Needs Disciplinary Incidents Low Reading Skills IEP Behavior Plan Out of School Low Grades Pregnant Truancy |
| **Verified By** (Check All That Apply) *Attach photocopies of verification documents to this form.* |
|  **Self-report Court record School record Test scores** **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**

# Disability Status

|  |  |
| --- | --- |
| **Nature of Disability(ies)** |  Physical Impairment Mental Health Learning Disability Cognitive Disability 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** |
|  |

**Other Documentation**

**Notes**