## JoCo Works 2.0 - Documentation Guide

| DATE OF BIRTH / AGE   |                     |                       |  |     |  |  |
|---|---------------------|-----------------------|--|-----|--|--|
| Supply one document.  |                     |                       | Birth Certificate  |     | ☐ Baptismal Record   |  |
|   |                     |                       | Valid Driver's License   |     | ☐ Hospital Record of Birth   |  |
|   |                     |                       | Valid State or Federal I.D. Card<br>Public Assistance Printout   |     | <ul><li>□ DD-214 (if place of Birth is shown)</li><li>□ Passport (unexpired)</li></ul> |  |
| JOHNSON COUNTY (KS) ADDRESS / RESIDENCY   |                     |                       |  |     |  |  |
|   | SON                 |                       | Valid Driver's License   | OIL | ☐ Property Tax Record  |  |
| Supply one document. Document must be current, legible, and show proof of your  |                     |                       | Valid State or Federal I.D. Card   |     | ☐ Utility Bill   |  |
| residency in Johnson County, Kansas.  |                     |                       | Public Assistance Printout   |     | _  |  |
| Tooldonly in conficon county, randas.   |                     |                       | Housing Authority Document   |     |  |  |
|   |                     |                       | Insurance Policy   |     |  |  |
|   |                     |                       | Lease/Rental Agreement   |     |  |  |
| LOW-TO-MODERATE INCOME  |                     |                       |  |     |  |  |
| Supply a document(s) that displays  |                     |                       | Pay Stubs  |     | ☐ Statement from Employer  |  |
| GROSS/PRE-TAX earnings for at least the   | last                |                       | Payroll Records/Printout   |     | ☐ Social Security Statements   |  |
| six months prior to application.  |                     |                       | Public Assistance Printout   |     |  |  |
| EMPLOYMENT TERMINATED OR NEGATIVELY IMPACTED BY THE COVID PANDEMIC  |                     |                       |  |     |  |  |
| Supply a document, letter, email, or fax sho  |                     |                       | Notice of Business Closure   |     | □ Press Release or News Article  |  |
| your job dislocation/termination due to the   |                     |                       | Layoff or Termination Notice   |     | □ Documentation showing a Reduction in   |  |
| Covid-19 Pandemic.  |                     |                       | Unemployment Compensation Records  |     | Work Hours or Wages  |  |
| RECEIPT OF UNEMPLOYMENT COMPENSATION  |                     |                       |  |     |  |  |
|   |                     |                       | Unemployment statement/printou   |     | ATION  |  |
|   |                     |                       | Unemployment Direct Deposits statement/printout  |     |  |  |
| ELIGIBILITY TO WORK IN THE UNITED STATES (Documents must be unexpired/valid)  |                     |                       |  |     |  |  |
| One item from the list below establishes identity OR One item from EACH list below when combined establishes identity and                         |                     |                       |  |     |  |  |
| and employment authorization:   | <u> </u>            |                       | employment authorization:  |     |  |  |
| ☐ U.S. Passport or U.S. Passport Card   |                     | Orive                 | r's license or ID card issued by a   |     | ☐ A Social Security Account Number   |  |
| ☐ Permanent Resident Card or Alien  |                     |                       | or outlying possession of the  |     | card, <u>unless</u> the card includes one of   |  |
| Registration Receipt Card (Form I-551)  |                     |                       | d States provided it contains a  |     | the following restrictions:  |  |
| ☐ Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed   | -                   |                       | The Control of the Co | A   | (1) NOT VALID FOR EMPLOYMENT<br>(2) VALID FOR WORK ONLY WITH                           |  |
| notation on a machine-readable immigrant  |                     |                       | olor, and address  | N   | INS AUTHORIZATION  |  |
| visa  |                     |                       | rd issued by federal, state or   | D   | (3) VALID FOR WORK ONLY WITH   |  |
| ☐ Employment Authorization Document that  |                     |                       | government agencies or entities,   |     | DHS AUTHORIZATION  |  |
| contains a photograph (Form I-766)  |                     |                       | ded it contains a photograph or  |     | ☐ Certification of report of birth issued  |  |
| ☐ For a nonimmigrant alien authorized to work   |                     |                       | nation such as name, date of   |     | by the Department of State (Forms  |  |
| for a specific employer because of his or her status:   |                     | oirth,<br>Iddre       | gender, height, eye color, and   |     | DS-1350, FS-545, FS-240)  ☐ Original or certified copy of birth                        |  |
| a. Foreign passport; and  | _                   |                       | ol ID card with a photograph   |     | certificate issued by a State, county,   |  |
| b. Form I-94 or Form I-94A that has   |                     |                       | 's registration card   |     | municipal authority, or territory of the United  |  |
| the following:  |                     |                       | Military card or draft record  |     | States bearing an official seal  |  |
| (1) The same name as the passport,  |                     |                       | ry dependent's ID card   |     | □ Native American tribal document  |  |
| and   |                     |                       | Coast Guard Merchant Mariner   |     | □ U.S. Citizen ID Card (Form I-197)  |  |
| (2) An endorsement of the alien's   |                     | Card                  | American tribal decument   |     | Identification Card for Use of Resident  |  |
| nonimmigrant status as long as that period of endorsement has   |                     |                       | e American tribal document r's license issued by a Canadian  |     | Citizen in the United States (Form I-179)  ☐ Employment authorization document issued  |  |
| not yet expired and the   |                     |                       | nment authority  |     | by the Department of Homeland Security   |  |
| proposed employment is not in   | 3                   | ,                     |  |     | .,   |  |
| conflict with any restrictions or limitations   | Lor.                | oers                  | ons under age 18 who are   |     |  |  |
|   |                     |                       |  |     |  |  |
| identified on the form.   | unab                |                       | present a document listed  |     |  |  |
| identified on the form.  ☐ Passport from the Federated States of  | unab                | /e:                   |  |     |  |  |
| identified on the form.  ☐ Passport from the Federated States of Micronesia (FSM) or the Republic of the  | unab<br>abov        | /e:<br>Scho           | ol record or report card   |     |  |  |
| identified on the form.  ☐ Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or | unab<br>abov<br>□ S | ve:<br>Scho<br>Clinic | ol record or report card<br>, doctor, or hospital record   |     |  |  |
| identified on the form.  ☐ Passport from the Federated States of Micronesia (FSM) or the Republic of the  | unab<br>abov<br>□ S | ve:<br>Scho<br>Clinic | ol record or report card   |     |  |  |

