

**PAYMENT POINT ONE
ENROLLMENT - TWO CONSECUTIVE WEEKS OF PARTICIPATION
VERIFICATION**

PERSONAL INFORMATION					
Last Name, First Name, MI _____				Suffix _____	
Employer/Trainer: _____			Position Held: _____		
_____ <i>Name of Employer/Trainer</i>			_____ <i>Contact Name</i>		
_____ <i>Address, City, State, and Zip Code</i>			_____ <i>Contact Phone</i>		
Possible Activities (Refer to Directions)					
<i>1st Consecutive Week</i>					
<input type="checkbox"/> Core					
<input type="checkbox"/> Non-Core	_____ Activity Code	_____ Start Date	_____ End Date	_____ Actual # of Hours	
<input type="checkbox"/> Core					
<input type="checkbox"/> Non-Core	_____ Activity Code	_____ Start Date	_____ End Date	_____ Actual # of Hours	
<input type="checkbox"/> Core					
<input type="checkbox"/> Non-Core	_____ Activity Code	_____ Start Date	_____ End Date	_____ Actual # of Hours	
<i>2nd Consecutive Week</i>					
<input type="checkbox"/> Core					
<input type="checkbox"/> Non-Core	_____ Activity Code	_____ Start Date	_____ End Date	_____ Actual # of Hours	
<input type="checkbox"/> Core					
<input type="checkbox"/> Non-Core	_____ Activity Code	_____ Start Date	_____ End Date	_____ Actual # of Hours	
<input type="checkbox"/> Core					
<input type="checkbox"/> Non-Core	_____ Activity Code	_____ Start Date	_____ End Date	_____ Actual # of Hours	
Does documentation capture:					
<input type="checkbox"/> Day One Unsubsidized Employment					

Signature of Participant Date

Signature of Contractor Date

PAYMENT POINT TWO
1ST CONSECUTIVE 4 WEEKS OF PARTICIPATION VERIFICATION

PERSONAL INFORMATION

Last Name, First Name, MI

Suffix

Employer/Trainer: _____

Position Held: _____

Name of Employer/Trainer

Contact Name

Address, City, State, and Zip Code

Contact Phone

Possible Activities (Refer to Directions)

1st Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

2nd Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

3rd Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

4th Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

Does documentation capture:

30 Days of Unsubsidized Employment

60 Days of Unsubsidized Employment

90 Days of Unsubsidized Employment

Signature of Participant

Date

Signature of Contractor

Date

PAYMENT POINT THREE
2ND CONSECUTIVE 4 WEEKS OF PARTICIPATION VERIFICATION

PERSONAL INFORMATION

Last Name, First Name, MI

Suffix

Employer/Trainer: _____

Position Held: _____

Name of Employer/Trainer

Contact Name

Address, City, State, and Zip Code

Contact Phone

Possible Activities (Refer to Directions)

1st Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

2nd Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

3rd Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

4th Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

Does documentation capture:

30 Days of Unsubsidized Employment

60 Days of Unsubsidized Employment

90 Days of Unsubsidized Employment

Signature of Participant

Date

Signature of Contractor

Date

PAYMENT POINT FOUR
3RD CONSECUTIVE 4 WEEKS OF PARTICIPATION VERIFICATION

PERSONAL INFORMATION

Last Name, First Name, MI

Suffix

Employer/Trainer: _____

Position Held: _____

Name of Employer/Trainer

Contact Name

Address, City, State, and Zip Code

Contact Phone

Possible Activities (Refer to Directions)

1st Consecutive Week

Core

Non-Core

Activity Code

Start Date

End Date

Actual # of Hours

Core

Non-Core

Activity Code

Start Date

End Date

Actual # of Hours

Core

Non-Core

Activity Code

Start Date

End Date

Actual # of Hours

2nd Consecutive Week

Core

Non-Core

Activity Code

Start Date

End Date

Actual # of Hours

Core

Non-Core

Activity Code

Start Date

End Date

Actual # of Hours

Core

Non-Core

Activity Code

Start Date

End Date

Actual # of Hours

3rd Consecutive Week

Core

Non-Core

Activity Code

Start Date

End Date

Actual # of Hours

Core

Non-Core

Activity Code

Start Date

End Date

Actual # of Hours

Core

Non-Core

Activity Code

Start Date

End Date

Actual # of Hours

4th Consecutive Week

Core

Non-Core

Activity Code

Start Date

End Date

Actual # of Hours

Core

Non-Core

Activity Code

Start Date

End Date

Actual # of Hours

Core

Non-Core

Activity Code

Start Date

End Date

Actual # of Hours

Does documentation capture:

30 Days of Unsubsidized
 Employment

60 Days of Unsubsidized
 Employment

90 Days of Unsubsidized
 Employment

Signature of Participant

Date

Signature of Contractor

Date

**PAYMENT POINT FIVE
12 CONSECUTIVE WEEKS OF PARTICIPATION VERIFICATION**

PERSONAL INFORMATION

Last Name, First Name, MI _____

Suffix _____

Employer/Trainer: _____

Position Held: _____

Name of Employer/Trainer

Contact Name

Address, City, State, and Zip Code

Contact Phone

Possible Activities (Refer to Directions)

1st Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

2nd Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

3rd Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

4th Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

5th Consecutive Week

<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours
<input type="checkbox"/> Core	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours

PAYMENT POINT FIVE

12 CONSECUTIVE WEEKS OF PARTICIPATION VERIFICATION (CONT'D.)

<i>6th Consecutive Week</i>					
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<i>7th Consecutive Week</i>					
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<i>8th Consecutive Week</i>					
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<i>9th Consecutive Week</i>					
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<i>10th Consecutive Week</i>					
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<i>11th Consecutive Week</i>					
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<i>12th Consecutive Week</i>					
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
<input type="checkbox"/> Core	_____	_____	_____	_____	_____
<input type="checkbox"/> Non-Core	Activity Code	Start Date	End Date	Actual # of Hours	
Does documentation capture: <input type="checkbox"/> 30 Days of Unsubsidized Employment <input type="checkbox"/> 60 Days of Unsubsidized Employment <input type="checkbox"/> 90 Days of Unsubsidized Employment					

Signature of Participant _____ Date _____

Signature of Contractor _____ Date _____

PAYMENT POINT FIVE
12 CONSECUTIVE WEEKS OF PARTICIPATION VERIFICATION (CONT'D.)