**ALABAMA AMERICORPS**

MEMBER FILE FORM

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| **Program Name** | | | |  | | | | | | | | | | | |
| **Member Name:** | | | |  | | | | | | **Start/End Dates:** | | | **/** | | |
| **Position Title:** | | |  | | | | | | | **Program Year (**20XX-XX**):** | | | |  | |
| **Service Term:** | | ❑FT-1700 | | | ❑ TQT-1200 | | ❑ HT-900 | | ❑ RHT-675 | | ❑ QT-450 | | | | ❑ MT-300 |
| **Service Year:** | ❑ 1st Year | | | | | ❑ 2nd Year | | ❑ 3rd Year | | | | ❑ 4th Year | | | |

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| **EXIT/SUSPENSION** | | | | | | | | |
| **Reason for Exit:** | | ❑ End of Term | ❑ Early Exit | | ❑ For Cause | ❑ CPC\* | | ❑ Currently Suspended |
| **Total Hours in OnCorps and Portal** (Hours must align)**: OnCorps Hours: \_\_\_\_\_\_\_\_\_ Portal Hours: \_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **If exited early:** | ❑ Full Education Award | | | ❑ Partial Education Award | | | ❑ No Education Award | |

\*Compelling/Personal Circumstance exit: documentation must be obtained and kept on file.

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| **Member Files: Other Considerations** |
| 1. **When citizenship is not verified through the AmeriCorps member portal (manual verification):** Copies of member eligibility documentation do not need to be maintained, but there must be proof that the documentation was reviewed and used in the member selection process. 2. Professional Corps grantees may have a CNCS-approved alternative timekeeping system. 3. AC Policy #ASN 06-006 allows the use of electronic timekeeping systems as the system of record, provided it meets certain minimum standards. Electronic timekeeping systems must be reviewed against the policy. 4. AC Policy #ASN 06-005 allows the storage of member eligibility documentation, timesheets, and other relevant documents in electronic formats, provided the formats meet certain minimum standards. Electronic member documentation storage systems must be reviewed against the policy. |

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| **Files are REQURED to be set-up in the following order:** |
| There should be **7 separate sections** for each file in the following numeric order.   * 1. National Service Criminal History Checks **(separate document from this file form)**   2. Member Eligibility   3. Member Application, Enrollment, Exit, Change of Status, Early Release, and Other   4. Member Health Care, Child Care, Auto Insurance   5. Member Service Agreement   6. Member Evaluations and Member Development   7. Compelling/Personal Circumstance, Accommodation, and Incidents Acknowledgement   Each file folder will have 7 sections used. This should leave you with 1 section left in the provided 8 section classification folders. Do NOT pile the sections into one or combine some. They must be separated into 7 sections and related documentation must follow the completed sections.  **EACH FILE MUST HAVE THE NECESSARY REQUESTED DOCUMENTATION REGARDLESS OF OFFSITE OR ELECTRONIC FILING** |

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| 1. **Member Eligibility** | | | |
| **Documentation** | **Y** | **N** | **Date/Brief Comments** |
| **Proof of Citizenship or Allowable Legal Status** |  |  |  |
| **Proof of Age** (Document/ID verifying the member’s birth date) |  |  |  |
| **W-4 Tax Form** |  |  |  |
| **A-4 Tax Form** |  |  |  |
| **Education Documentation in File**  ❑ HS Diploma ❑ GED ❑ Working towards GED  ❑ Some college credits/partial college transcripts  ❑ Post-Secondary Diploma or Complete Transcripts  (Associates degree or higher, technical degree, vocational) |  |  |  |
| **Education Documentation NOT in File**  ❑ Education certification in the Portal (eGrants) |  |  |  |
| Parental consent form (if member under 18 at time of enrollment) |  |  |  |

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| **Additional Comments:** |

**Proof of Citizenship or legal status:** Birth certificate, US passport, report of birth abroad of a U.S. Citizen (FS–240) issued by the State Dept., certificate of birth-foreign service (FS 545) issued by the State Dept., certification of report of birth (DS–1350) issued by the State Dept., certificate of naturalization (Form N–550 or N–570) issued by the INS, certificate of citizenship (Form N–560 or N–561) issued by the INS **OR** permanent resident card, INS Form I-551 Alien Registration Receipt Card, INS Form I-551, passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence, departure record (INS Form I-94) indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence.

**Proof of Age:** Birth certificate or government issued ID.

Check dates of expiration on licenses and ensure that the birth certificate is NOT a Certificate from a hospital.

When the regulations refer to a birth certificate, they refer to a legal document certified by and registered with a State’s office of vital statistics (often through local vital statistic branches). Although the official document that states the child’s name, place of birth, parents’ names, and so forth is often filled in at the hospital, it should not be confused with documents distributed by some hospitals that have no legal significance.

**Certification/Verification of High School.** Enrolling in the My AmeriCorps portal requires members to certify their high school status. Such certification fulfills the recipient’s verification requirement to obtain and maintain documentation from the member relating to the member’s high school education. As noted in the 2019 Terms and Conditions for AmeriCorps State and National Grants. **Please note, this ONLY pertains to High School education. If your program requires some college courses or a degree, the program needs to request documentation to certify they have completed the required courses or obtained the required degree.**

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| 1. **Member Application, Enrollment, Exit, Change of Status, Early Release, and Other** | | | |
| **Documentation** | **Y** | **N** | **Date/Brief Comments** |
| **AmeriCorps Application** in the My AmeriCorps Portal |  |  | ❑ Program staff reviewed the online application and certify this by checking the **box**. |
| **Additional Application Documents**  (resume, cover letters, certifications, etc.) |  |  |  |
| **Americorps Enrollment Form** in the My AmeriCorps Portal | Member Completed/Certified in Portal: \_\_\_ | | |
| **End of Term/Exit Form** in the My AmeriCorps Portal | Member Completed/Certified in Portal: \_\_\_ | | |
| **Change of Status/Early Release Form** (where applicable) |  |  | ❑ NA |
| **Non-Medical Leave of Absence Documentation** (non-confidential) |  |  | ❑ NA |
| **Disciplinarily Reports, Documentation, and Correspondence**  (included info. related to fines and docking stipends (temporarily withholding stipend )) |  |  | ❑ NA |
| **Member Letter of Resignation** (if applicable) |  |  |  |

**Programs that print and keep copies of Enrollment and Exit forms:** Enrollment and exit forms are completed online in the My AmeriCorps Member Portal.

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| **Additional Comments:** |

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| 1. **Member Health Care, Child Care, Auto Insurance** | | | | |
| **Documentation** | | **Y** | **N** | **Date/Brief Comments** |
| **Health Care** (not required for less than FT members, EAP, or Professional Corps and members covered under a collective bargaining agreement.) | | | | |
|  | **Yes** - Proof of AmeriCorps Program Health Care Enrollment |  |  | ❑ Acceptance Signed |
|  | **No** – **Declined or Ineligible** |  |  | ❑ Waiver Signed (Declined/Exempt) |
| **Child Care** (FT members/and less than FT members serving in a FT capacity only) | | | | |
|  | **Yes -** Proof of Child Care Enrollment |  |  | ❑ Acceptance Signed |
|  | **No** - **Declined or Ineligible** |  |  | ❑ Waiver Signed (Declined/Exempt) |
| **Auto Insurance** | |  |  |  |
|  | Proof of Auto Insurance (if applicable) |  |  |  |

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| **Additional Comments:**  Is this member serving in a FT capacity in a less than FT slot? ❑ Yes ❑ No    *As noted in the* ***Terms and Conditions for AmeriCorps State and National Grants.*** *For purposes of this provision, a member is serving in a full-time capacity when his/her regular term of service will involve* ***performing service on a normal full-time schedule for a period of six weeks or more****. A member may be serving in a full-time capacity without regard to whether his/her agreed term of service will result in a full-time Segal AmeriCorps Education Award.* |

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| 1. **Member Service Agreement** | | | |
| **Documentation** | **Y** | **N** | **Date/Brief Comments** |
| **Dates** of service term on Service Agreement/Contract: (start/end) |  |  | Dates: |
| Minimum number of service hours and other requirements |  |  | Slot: \_\_\_\_ Hours: \_\_\_\_\_\_\_ |
| Amount of Education Award offered for successful completion |  |  | $ |
| Position Description (Full description in Agreement or an attachment at end) |  |  |  |
| Member Eligibility 45 CFR §§ 2522.200  (CFR text not required. May be listed as qualifications or other) |  |  |  |
| **Text** of 45 CFR §§ 2520.65 on  **Prohibited** and **Unallowable Activities** |  |  |  |
| **Text** of 45 CFR §§ 2540.100(e)-(f) on  **Non-duplication** and **Non-displacement** |  |  |  |
| **Text** of 45 CFR §§ 2520.40-45 on **Fundraising** |  |  |  |
| Requirements under the **Drug-Free Workplace Act** (41 U.S.C. § 701 et seq) |  |  |  |
| **Grievance Procedure** refer to 45 CFR §§ 2540.230 |  |  |  |
| Civil rights requirements, complaint procedures, and rights of beneficiaries |  |  |  |
| Other requirements as established by the grantee and/or sub-grantee (beyond minimum of what’s required) |  |  |  |
| Standards of conduct, as developed by the grantee and/or sub-grantee (ex: tardiness, internet use, etc.) |  |  |  |
| **Suspension** and **Termination** rules |  |  |  |
| Specific circumstances in which a member would be released for **Cause** |  |  |  |
| Media/Publicity release |  |  |  |
| **Date** and Member signature |  |  | Date: |
| **Date** and Program Staff Signature  (recommended, not required) |  |  | Date: |

**FT:** 1700hrs., **TQT:** 1200hrs., **HT:** 900hrs., **RHT:** 675hrs., **QT:** 450hrs., **MT:** 300hrs. – Minimum required hours

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| **Additional Comments:**  *If a Member Service Agreement has more than the required minimum number of service hours for a particular slot, then the member is required to service the required minimum and the additional service hours for the slot. (Ex. Minimum FT Hours – 1700hrs. Service Agreement states FT Hours – 1750hrs.So the member must serve the 1750 hours or risk not receiving their education award.) Members are held to the higher number because they signed what is essentially a contract stating they will complete the increased number of service hours.* |

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| 1. **Member Evaluations and Member Development** | | | | | |
| **Documentation** | | **Y** | **N** | | **Brief Comments** |
| **Evaluations** | | | | | |
| Mid-term (required for FT)  **Date** of Mid-term evaluation: | |  | |  | ❑ NA @ time of review  Date: |
| End of term (required for all members)  **Date** of End of Year evaluation: (all 3 below must be in evaluation) | |  | |  | ❑ NA @ time of review  Date: |
|  | Completed required hours – Hours should be listed |  | |  |  |
|  | Satisfactorily completed assignments – Listed/Defined |  | |  |  |
|  | Other factors as determined (performance criteria communicated at the beginning of the term of service) – Listed/Defined |  | |  |  |
| **Member Development:** Earned certificates, trainings, etc. during the member’s service. *(CERT training, First Aid, CPR, etc.)* | |  | |  |  |
| **Life After AmeriCorps** | |  | |  |  |

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| **Additional Comments:** |

Programs are required to conduct and keep a record of:

* at least a midterm and an end-of-term written evaluation of each member’s performance for Full-Time members
* and an end-of-term written evaluation for all less-than-full-time members.

All information pertaining to compelling personal circumstances, accommodation requests, incidents, etc. **cannot be filed in the member’s file behind the VI. Section sheet**. **All confidential information must be filed separately from other member files and locked.**

The chart on this page for Section VI. is only to be used to note if documentation does exist and is separate from all other member files and locked.

Please indicate if there is paperwork in a separate file pertaining to any of the four documentation sections listed below by checking the **Yes box** and including any notes you feel are necessary without violating member confidentiality.

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| **EXIT/SUSPENSION** | | | |
| 1. **Compelling/Personal Circumstance, Accommodation, and Incidents Acknowledgement** | | | |
| **Documentation** | **Y** | **NA** | **Brief Comments** |
| Documentation of Compelling/Personal Circumstance |  |  |  |
| Medical/Confidential Leave Documentation |  |  |  |
| Accommodation Requests |  |  |  |
| Incident Reports |  |  |  |

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| **Additional Comments:** |

**ALABAMA AMERICORPS**

MEMBER FILE FORM (Confidential)

All information pertaining to disclosed disabilities, illnesses, accommodation requests, incident reports, etc. must be filed separately from other member files and locked. **If applicable, this sheet should be completed with supporting documentation behind it, filed separately from all other member files, and locked.**

Complete the **Member Information** section below and place any related information pertaining to the four sections below behind this document.

**MEMBER INFORMATON**

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| **Program Name** | | | |  | | | | | | | | | | | |
| **Member Name:** | | | |  | | | | | | **Start/End Dates:** | | | **/** | | |
| **Position Title:** | | |  | | | | | | | **Program Year (**20XX-XX**):** | | | |  | |
| **Service Term:** | | ❑FT-1700 | | | ❑ TQT-1200 | | ❑ HT-900 | | ❑ RHT-675 | | ❑ QT-450 | | | | ❑ MT-300 |
| **Service Year:** | ❑ 1st Year | | | | | ❑ 2nd Year | | ❑ 3rd Year | | | | ❑ 4th Year | | | |

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| **EXIT/SUSPENSION** | | | | | | | | |
| **Reason for Exit:** | | ❑ End of Term | ❑ Early Exit | | ❑ For Cause | ❑ CPC\* | | ❑ Currently Suspended |
| **Total Hours in OnCorps and Portal** (Hours must align)**: OnCorps Hours: \_\_\_\_\_\_\_\_\_ Portal Hours: \_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **If exited early:** | ❑ Full Education Award | | | ❑ Partial Education Award | | | ❑ No Education Award | |

\*Compelling/Personal Circumstance exit: documentation must be obtained and kept on file.

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| 1. **Compelling Personal Circumstance, Accommodation, and Incidents** | | | |
| **Documentation** | **Y** | **N** | **Brief Comments** |
| Documentation of Compelling/Personal Circumstance |  |  |  |
| Medical/Confidential Leave Documentation |  |  |  |
| Accommodation Requests |  |  |  |
| Incident Reports |  |  |  |
| **Additional Comments:** | | | |