

## AmeriCorps Member File Checklist 2022-23

**Purpose:** This checklist serves as the guide for setting up and reviewing member files to ensure member record keeping meets AmeriCorps regulations and grant terms and conditions. **California Volunteers will also use this as part of our review of a sample of member files during the program year.**

**Instructions:** Complete the checklist during the review of the member file (one checklist for each member). For each item listed under "Member File Documentation," check that the document has the necessary components, and record findings in the "Yes," "No," or "N/A" column as appropriate. All documents are required unless noted otherwise with an asterisk\* and the words "as applicable." *Please note there are some helpful references to requirements viewable by clicking on comment bubbles or in Track Changes choose 'all markup' to see comments in margin.*

Reviewer Name:	Date of Review:		
Member Name:	Program Name:		
Term of Service: <input type="checkbox"/> FT <input type="checkbox"/> TQT <input type="checkbox"/> HT <input type="checkbox"/> RHT <input type="checkbox"/> QT <input type="checkbox"/> MT <input type="checkbox"/> AT	Program Year: <b>2022-23</b>		
Member Start Date in eGrants:	Member End Date (if exited):		
<b>Required Member File Documents</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Member Application, including:</b>  <input type="checkbox"/> Member Applied in My AmeriCorps portal [if so, all required elements below are included] <b>OR</b> <input type="checkbox"/> Member Applied using Program's own application. If so: <input type="checkbox"/> Previous Term of Service Addressed (asking if they've served a term before and ever been released for cause) <input type="checkbox"/> Eligibility Addressed (must be age 17+, citizenship/residency, notifying that a 3-part NSCHC check is required)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Proof of age</b> (copy of <i>Government photo ID</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Documentation of citizenship/naturalization/resident alien status</b>  Per the AmeriCorps Specific Terms & Conditions, primary documentation of status as a US citizen or national is only required if the eGrants portal check during enrollment is not able to validate eligibility through its cross-check with the Social Security Administration. The list of items that qualify can be found below.  <u><i>Note: Providing this documentation should not be a barrier for those who don't have these readily available. Start with eGrants in pre-enrollment early. If it's not able to be verified, you'll need time to gather and submit via secure file link to the help desk for manual verification. One of the following forms of documentation is acceptable.</i></u>  <i>A Work Visa does not show eligibility. Please note that DACA recipients are only able to serve with AmeriCorps VISTA at this time.</i>  <div style="text-align: center;">*****</div> <div style="margin-left: 20px;"> <input type="checkbox"/> A birth certificate plus Photo ID showing the individual was born within the 50 states, the District of Columbia, Puerto Rico, Guam, the US Virgin Islands, American Samoa, or the Northern Mariana Islands  <input type="checkbox"/> A United States passport  <input type="checkbox"/> A report of birth abroad of a US Citizen (FS-240) issued by the State Department  <input type="checkbox"/> A certificate of birth-foreign service (FS-545) issued by the State Department  <input type="checkbox"/> A certificate of naturalization (Form N-550 or N-570) issued by the INS, plus Photo ID  <input type="checkbox"/> A certificate of citizenship (Form N-560 or N-561) issued by the INS, plus photo ID  <div style="text-align: center;"><b>-OR-</b></div>           Primary documentation of status as a lawful permanent resident of the US. <i>One of the following forms of documentation is acceptable. Check the item on file:</i>   <input type="checkbox"/> Permanent resident card, INS form I-551  <input type="checkbox"/> Alien Registration Receipt Card, INS form I-551  <input type="checkbox"/> A passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence. Note: Foreign passport with temporary I-551 stamp okay but follow-up check for actual I-551 when received (check expiration date on stamp)  <input type="checkbox"/> A departure record (INS Form I-94) indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence  <input type="checkbox"/> Application for Replacement Alien Registration Receipt Card I-90. Check that application is for alien registration receipt card and not some other temporary or conditional status - follow-up check necessary for actual I-551 when received  <div style="text-align: center;"><b>-IF-</b></div> <input type="checkbox"/> If one of the ten types of documentation listed above is not present, has the program obtained written approval from AmeriCorps that other documentation is sufficient to demonstrate the individual's status as US citizen, US national, or lawful permanent resident alien?         </div>	<input type="checkbox"/>	<input type="checkbox"/> N/A Verified in eGrants during enrollment.	
<b>4. Emergency notification form</b> ( <i>member signature required – is included in Member Service Agreement</i> )	<input type="checkbox"/>	<input type="checkbox"/>	

<p><b>5. CV National Service Criminal History Checks packet must include:</b> <i>All <u>clearance</u> dates must be <u>prior</u> to the member start date in eGrants.</i></p> <p> <input type="checkbox"/> Fully completed, signed <a href="#">CV NSCHC Verification Form</a>  <input type="checkbox"/> copy of Government-issued photo ID used to order Truescreen check showing FIRST and LAST NAME used to order TS check  <input type="checkbox"/> Truescreen <i>CNCS Monitoring Report</i> will show <b>NSOPW</b> and any <b>available required Out-of-State (if applicable)</b> checks were ordered and adjudicated by program staff at least ONE DAY PRIOR TO START DATE in egrants  <input type="checkbox"/> <b>Fieldprint TCN Status Monitoring Report</b> will show <b>fingerprint-based FBI check</b> was ordered and adjudicated by program staff program staff at least ONE DAY PRIOR TO START DATE in egrants  OR  <input type="checkbox"/> CA DOJ FBI check was run. Copy of <u>completed Livescan form</u> and <u>screenshot</u> showing completion/dates per <a href="#">waiver effective May 1, 2022 – April 30, 2023</a> </p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>6. Publicity release form:</b> Member signature and date (<i>if under 18, must be signed by parent/guardian; included in MSA</i>)</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>7. Member Service Agreement (MSA):</b> Each program's Member Service Agreement template is reviewed prior to contracting for all required elements contained in <a href="#">CV Required MSA Template</a>. This check is to validate each MSA was reviewed and signed prior to member start and that individual member service agreements are accurate.</p> <p> <input type="checkbox"/> Service Term: Member start and end dates for contracted term of service (not to fall outside of the contracted program start and end dates and <u>aligned with eGrants</u>, timesheet and post-CHC clearance);  <input type="checkbox"/> Distribution of Living Allowance (biweekly, monthly, etc.) and amount members earn per pay period. This amount MUST be stated as a biweekly/monthly dollar amount. The amount members receive per pay period is the SAME for all members, regardless of start date (with the exception of a proration for members who start/end within a pay period).  <input type="checkbox"/> Amount of the education award being offered for successful completion of the 22-23 term of service is correct <ul style="list-style-type: none"> <li>• Full-Time (1700 hr) = \$6,495.00</li> <li>• Three Quarter-Time (1200 hr) = \$4,546.50</li> <li>• Half-Time (900 hr) = \$3,247.50</li> <li>• Reduced Half-Time (675) = \$2,474.27</li> <li>• Quarter-Time (450) = \$1,718.25</li> <li>• Minimum-Time/Summer Assoc (300 hrs) = \$1,342.86</li> <li>• Abbreviated-Time (100 hr) = \$365.52</li> </ul> <input type="checkbox"/> Member signature and date (or parental or legal guardian signature and date for Members under 18);  <input type="checkbox"/> Program Staff signature and date  <i><b>*Note: The grantee should ensure that the member contract is signed and dated by the member on or before commencement of service so that members are fully aware of their rights and responsibilities. Program staff should sign at this time as well. eGrants is the start date of record.</b></i> </p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>8. At end of service, all timesheets must be retained in case of future audit. For CV member file review process, you'll provide ONLY first month AND the most recently completed Timesheet. Timesheets must include:</b></p> <p> <input type="checkbox"/> Service hours  <input type="checkbox"/> Training/Member Development hours  <input type="checkbox"/> Fundraising hours (<i>as applicable only with an approved Fundraising Performance Measure</i>)    <input type="checkbox"/> N/A Program has no fundraising PM  <input type="checkbox"/> Lunch/breaks are accounted for (In/Out Times will demonstrate this. Notation that 'Lunch/Breaks not included in hours' also acceptable).  <input type="checkbox"/> Member signature and date  <input type="checkbox"/> Supervisor signature and date indicating approval of hours (electronic signatures are acceptable)  <input type="checkbox"/> If corrections are made, they are initialed by member and supervisor </p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>9. Tax documents :</b> Signed W-4 form to document tax withholdings</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>10. Benefits Form – <u>Full-Time or Part-Time members serving in Full-Time capacity ONLY (form is included as addendum in MSA)</u></b></p> <p> Health Care    <input type="checkbox"/> Accepted, *proof of health care enrollment included - or -    <input type="checkbox"/> Declined, waiver included - or -    <input type="checkbox"/> Not Applicable  Child Care    <input type="checkbox"/> Accepted    - or -    <input type="checkbox"/> Declined    - or -    <input type="checkbox"/> Not Applicable </p> <p><i>*Proof of healthcare can be documentation from the healthcare provider of enrolled members with this member name highlighted or a copy of member's healthcare card</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>11. Parental consent form*</b> (<i>If member is under 18</i>): Member signature and date and legal guardian signature and date (included in MSA)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>12. Mid-term performance review – <u>Only required for: Full-Time, Three Quarter Time. CV strongly recommends all members receive a mid-term review as a way to receive and provide feedback.</u></b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>13. End of term performance review</b> (<i>required for <u>all</u> members</i>): The end-of-term evaluation addresses, at a minimum, the following:          [These boxes must be present on the review form and are the supporting documentation for checking them in eGrants during member exit. A member who exits early, but otherwise performed satisfactorily <u>can</u> have box 2 checked. If not, they will not be able to serve in future]</p> <p><input type="checkbox"/> Whether the member has completed the required number of hours;</p> <p><input type="checkbox"/> Whether the member has satisfactorily completed assignments;</p> <p><input type="checkbox"/> Whether the member has met any other performance criteria that were clearly communicated at the beginning of the term of service.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>14. Member Exit</b></p> <p><input type="checkbox"/> The member exit was completed in portal within 30 days</p> <p><input type="checkbox"/> If not, _____ days</p> <p><input type="checkbox"/> The exit was fully certified, total number of hours served from final timesheet was entered, and the completion date entered.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>15. Member discipline documentation*</b> (if applicable)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>16. Documentation of Compelling Personal Circumstances*</b> (<i>if applicable</i>): Documentation in file of program decision to grant compelling personal circumstances which fall within the parameters identified in the AmeriCorps Regulations for the relevant program year, to determine pro-rated award.</p> <p><b>NOTE: If exited due to COVID- 19, COVID CPC Exit Form must be included if the CARES Act guidance is still in effect.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>