

**Non-Metro Area Agency on Aging**  
**SEP Preliminary Checklist**

Applicant's Name: \_\_\_\_\_

Interviewer/Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

*Must be submitted as part of the SEP Application Packet.*

\_\_\_\_\_ **ACKNOWLEDGEMENT OF TERMS OF TRAINING AGREEMENT** (signed)

\_\_\_\_\_ **ENROLLEE TASK DESCRIPTION/WORK SCHEDULE/TRAINING**  
(completed incl. training; signed and dated by interviewer and Enrollee)

\_\_\_\_\_ **PERSONAL DATA SHEET** (signed)

\_\_\_\_\_ **AGE VERIFICATION** (Driver's License, Birth Cert., ID card)

\_\_\_\_\_ **FAMILY SIZE VERIFICATION**  
(1040, NM PIT, HUD form, rental lease agreement, 1<sup>st</sup> page divorce decree,  
signed statement for person with knowledge of applicant's living situation.

\_\_\_\_\_ **INCOME WORKSHEET** (signed and dated by both interviewer and Enrollee)

\_\_\_\_\_ **FAMILY INCOME DOCUMENTATION (SS Notice of Award, pay stubs/checks 12  
or last 6 Months. 6 MONTH INCOME MUST BE ANNUALIZED.**  
\_\_\_\_\_ **Self-attestation statement required if NO income.**

\_\_\_\_\_ **NM RESIDENCY** (Driver's License, envelope addressed to applicant, etc.)  
Letter from 3<sup>rd</sup> party.

\_\_\_\_\_ **W-4 MUST BE CURRENT YEAR** (signed, dated, completed including line 5, or 6  
OR 7)

\_\_\_\_\_ **I-9 ALL PAGES** (signed, witnessed, completed incl. List A OR Lists B and C)

\_\_\_\_\_ **PERA FORM (if Host Agency is a Government Entity)**

\_\_\_\_\_ **GRIEVANCE PROCEDURE AND RIGHT OF APPEAL**

\_\_\_\_\_ **EQUIPMENT AND SAFETY CERTIFICATION** (required for positions involving  
vehicles or potentially dangerous equipment)

\_\_\_\_\_ **PROOF OF INSURANCE** (required if personal vehicle will be used for work  
purposes)

\_\_\_\_\_ **PHYSICAL EXAM ACCEPTANCE OR WAIVER**

Enrollee Signature: \_\_\_\_\_