



LISC AmeriCorps New Member Enrollment Checklist

Placement Site			
Site Supervisor Name:		Email:	
Member Name:		Email:	
Member Term of Service (# hrs.):			
Service Dates:	Start:		End:

Enrollment Documents

Document Name	1,700	900	450	300
Service Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORI Part I: Sex Offender Check – free at www.nsopr.gov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORI Part II: State Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORI Part III: FBI Check – if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment Letter to Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LISC AmeriCorps Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CNCS Enrollment Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-9 Form & Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> US Passport and/or Certificate of Naturalization				
<input type="checkbox"/> Birth Certificate & State Driver License				
<input type="checkbox"/> Birth Certificate & State Non-Driver License				
<input type="checkbox"/> Resident Alien card with Work Authorization				
<input type="checkbox"/> Foreign VISA with a valid form I-94 & Form I-551				
Request for Employee (RFE)	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
W-4	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
Direct Deposit (optional)	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
Photo Release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Free Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care and Childcare Enrollment/ Waiver	<input type="checkbox"/>	n/a	n/a	n/a
Member Agreement (signed and dated prior to member's start date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Consent (if member is under 17 at the start of service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Required Documents

Document Name	1,700	900	450	300
Member Performance Measurement Worksheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Six Month Appraisal (required for members serving 12 month periods)	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
Final Performance Appraisal (required for all members)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant Agreement (generated in Grants Department via PA System)	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
Placement Site Agreement (generated in NY in AmeriCorps department)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exit Documents

Document Name	1,700	900	450	300
CNCS Member Exit Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member Exit Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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LISC AmeriCorps Application

I. PARTICIPANT PROFILE

1. Name: Last _____ First _____ Mi _____
2. Date of Birth (Month/Day/Year) _____
3. Current Address _____
 City _____ State _____ Zip _____
4. Permanent Address _____
 City _____ State _____ Zip _____
5. Telephone Number: Daytime (____) _____ Evening (____) _____
6. Are you a U.S Citizen Yes No or Permanent Resident Alien? Yes No
7. Date of Availability: Month _____ Year _____
8. Geographic Preference: Eastern USA Midwest USA West Pacific/Northwest
9. What High School did you graduate from (Name/City/State)? _____
10. Have you served previously with AmeriCorps or any other National Service program, i.e., Public Allies, NCCC, Learn & Serve, etc? If yes, please provide the following information:

Name of Program	Location	From	To

II. EMPLOYMENT HISTORY

Please include any self-employment, home management, military service, full or part-time, salaried employment. Start with your current or most recent experience. Photocopy this page if additional sheets are necessary. You may include a resume in place of completing this section.

A. Employer	Title	Phone
Address		
Name of Supervisor	Hours per week	From To
Responsibilities	Reason for leaving:	
B. Employer	Title	Phone
Address		
Name of Supervisor	Hours per week	From To
Responsibilities	Reason for leaving:	
B. Employer	Title	Phone
Address		
Name of Supervisor	Hours per week	From To
Responsibilities	Reason for leaving:	

III. PERSONAL STATEMENT

Please answer the following questions on an attached sheet. Each response should not exceed 500 words.

- Please describe why you are interested in AmeriCorps and what you hope to contribute to the program and the community you will be serving. You may address specific skills you have and practical experiences you have had that can be applied to your service and how they relate to the specific area(s) of interest you would like taken into consideration during your placement (i.e. youth, education, community beautification, or housing).
-

VI. COMMUNITY ACTIVITIES & SKILLS

- Please describe any service work you have performed in your community, the challenges, if any, that you experienced, and how you address such challenges. Describe the types of service and the dates of involvement. Include social, school, professional, and neighborhood projects and programs. If you have not undertaken any service work, please describe a situation where you demonstrated commitment to collaborate with others to achieve a common goal.

VII. REFERENCES

Please list three individuals whom we may contact as references. We encourage you to list people who know you well, such as employers, teachers, representatives of volunteer organizations, or community members. Do not include the name of a relative.

1.Name
Address
City, State, Zip
Telephone Number ()
Relationship
2.Name
Address
City, State, Zip
Telephone Number ()
Relationship
3.Name
Address
City, State, Zip
Telephone Number ()
Relationship

VIII. EDUCATIONAL BACKGROUND

- | | |
|------------------------------------|------------------------------------|
| 1. Graduate/Professional degree | 6. Associate degree |
| 2. Graduate/Professional study | 7. High school graduate |
| 3. College graduate | 8. GED |
| 4. Some college | 9. Less than high school completed |
| 5. Technical school/Apprenticeship | 10. Other, specify _____ |

IX. OPTIONAL INFORMATION

Providing the information in this section is optional and will not affect your selection.

1. Describe your ethnic background:
- American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Black or African American
 - White non-Hispanic
 - Hispanic/Latino
 - Asian
- _____

2. Do you have any special needs that require accommodations: Yes No

If yes, please specify _____

X. LEGAL

Existence of a criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, misrepresentation of that record – lying or not telling the whole truth – will disqualify you. Answer the following questions fully. We reserve the right to run background/security checks as needed.

- 1. Have you ever been convicted, or adjudicated as a juvenile offender, of any criminal offense by a civilian or military court? Do not include minor traffic violations (if no, skip to section X)

Yes (If you answered yes then complete Questions 2 through 4.)
No

- 2. Are you now under charges for any offenses or are any civil suits or judgement pending against you? (Do not include charges for minor traffic offenses.)

Yes
No (if you answered no, skip to Section X.

Date: _____ Place: _____

- 3. ARE YOU NOW ON PROBATION OR PAROLE? Yes No

- 4. Provide the name, address and phone number of the court, probation officer, or parole officer who we can contact to verify the above information.

Name: _____ Title: _____ Phone No. _____

Address: _____

It is the intention of the LISC AmeriCorps program to provide all individuals that apply for a LISC AmeriCorps position an equal opportunity to be selected for service. It is also important in the interest of fairness to all applicants and potential applicants that providing such opportunities not create situations where a conflict of interest could arise. This policy is intended to minimize the potential for conflicts of interest in the application and selection process.

Please disclose if you can be considered an immediate relation to: (1) a current LISC employee; (2) an employee of this organization (placement site); (3) a member of the board of directors of this organization (placement site); (4) a LISC local advisory committee member; or (5) any person who has a consultant relationship with either LISC or the organization.

Yes, I am an immediate relation (indicate relationship) _____

No, I am not an immediate relation.

XI. CONSENT FOR CRIMINAL BACKGROUND CHECK & CERTIFICATION

To the extent permitted by state and local law in the jurisdiction where the Member is placed in service, the Member hereby agrees to allow LISC or the placement site conduct a criminal history record check on him/her. Applicants/Members have the right to be treated fairly and have their privacy respected. Applicants/Members will be given the opportunity to challenge the accuracy of information that LISC and/or the placement site receives.

All applications must be signed by the applicant. By signing this application, you are stating that all of the information provided is true to the best of your knowledge.

Signature _____ Date _____



National Service Trust Enrollment Form



Completion of this form is required to enroll a serving member in the National Service Trust, making the member eligible for an education award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service with basic demographic data.

PART 1 Member: Please Complete and Sign

1. Name _____
 Last First MI
2. Date of Birth _____ 3. Social Security Number _____
 Month Day Year
4. Citizenship Status I am a U.S. Citizen or National * I am a Lawful Permanent Resident Alien of the United States **
- *Citizens of the US include persons born in Puerto Rico, Guam, the US Virgin Islands, and the Northern Mariana Islands. Nationals of the US include persons born in America Samoa, including Swains Island.
- **Generally, you are a Lawful Permanent Resident Alien of the US if you are a US permanent resident with (i) a Permanent Resident Card, INS Form I-551; (ii) an Alien Registration Receipt Card, INS Form I-551, (iii) a passport indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence; or (iv) an I-94 indicating that the INS has approved it as temporary evidence of lawful admission for permanent residence. NOTE: A student visa does not confer eligibility to enroll in an AmeriCorps program.
5. School Status I have received a high school diploma or its equivalent
 I agree to obtain a high school diploma or its equivalent before using my educational award, and I did not drop out of elementary school or secondary school to enroll in the program.
6. Current Address (All information will be sent to you at this address until you notify the Corporation of a change of address.)
 Number and Street _____
 City _____ State _____ Zip Code _____
 Email Address: _____
 Home Phone _____ Business Phone _____ Ext _____
7. Permanent Address (Name and address of person through whom you can always be reached once you leave the program.)
 Last _____ First _____ MI _____
 Number and Street _____
 City _____ State _____ Zip Code _____
 Email Address _____
 Home Phone _____ Business Phone _____ Ext _____
8. Have you previously enrolled in an AmeriCorps, Silver Scholar, or Serve America Fellow Program? No Yes How many times?
9. Have you ever been released 'for cause' by any AmeriCorps, Silver Scholar, or Serve America Fellow program? No Yes .
10. Education Award Limitations. I understand that I may not receive more than the aggregate value of two full-time education awards and that upon successful completion of the term of service, I will receive only that portion of the education award for which I am eligible, which may be all or a part of an education award, or no education award, pursuant to 45 CFR § 2526.55

PART 2 Member Enrollment Certification

By signing this enrollment form I agree, if asked, to provide documentation to verify the accuracy of the information I have provided in this form. I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment or both under Section 1001 of Title 18, U.S.C., exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Member's Signature _____ Date _____

PART 3**Member: Please Answer the Following Questions**

1. What is your gender?
 Female Male
2. Are you registered to vote?
 Yes
 No
 Not sure
 Not eligible
 Prefer not to respond
3. Which of the following categories best describes your racial (mark one or more) or ethnic origins (mark one)
- A. Race**
- American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Black or African American
 White
 Asian
 Other
- B. Ethnicity**
- Hispanic or Latina/o
 Not Hispanic or Latina/o
4. What is the highest level of education you have completed?
 Less than high school completed
 GED
 High school graduate
 Technical school/apprenticeship/vocational
 Some college
 Associates degree (AA)
 College graduate
 Some graduate school
 Graduate degree
 Professional degree (medical, law)
5. Are you a veteran of the United States Armed Forces?
 Yes No
6. What are the two most important reasons why you decided to join this program?
 To get an education award
 To help other people/perform a community service
 To be part of a national movement
 To get a job/earn money
 Friends have joined
 To make friends
 To learn about or work with different ethnic/cultural groups
 Parents/teachers wanted me to join
 To explore future job/education interests
 To get involved in health issues
 To get involved in education issues
 To get involved in environment issues
 To get involved in public safety issues
 Other (Specify: _____)
7. How did you hear about this program? (Mark all that apply.)
 Article
 Advertisement in a newspaper/magazine
 Guidance counselor/teacher
 Parent/relative
 Current or former AmeriCorps Member
 Friend told me/friend applied
 TV commercial
 Radio commercial
 The internet
 AmeriCorps recruiter/representative
 Received information in the mail
 AmeriCorps program poster
 Other (Specify: _____)
8. Privacy Act Information Release
 Yes, I give the Corporation for National and Community Service permission to release my name, address, email and telephone number to the AmeriCorps Alumni Association.

Public reporting burden -- Estimated time to complete this form, including time for reviewing instructions and gathering and providing the information needed to complete the form, is 3 minutes for the Member section and 4 minutes for the Certifying Official section. Send comments regarding this burden or the content of this form to: Corporation for National and Community Service, National Service Trust, 1201 New York Avenue, NW, Washington, DC 20525. The Corporation informs the potential persons who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number on this page of the form (see 5CFR 1320.5(b)(2)(1))

Privacy Statement -- In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, by the National and Community Service Trust Act of 1993, and the Serve America Act of 2009. The primary purpose of the information is to obtain from AmeriCorps program representatives their data to successfully enroll a member in a term of service and the education award program. The evaluative information will help the Corporation improve its programming and services to members. Information may also be provided to federal, state, and local agencies for law enforcement purposes. Information will not otherwise be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (28 U.S.C. 6011© and 6109) for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award. In furtherance of the Corporation's efforts to ensure that the programs are inclusive of persons with disabilities, your Social Security Number may be released to the Social Security Administration to measure aggregate statistical data on the number of AmeriCorps members receiving disability-based benefits. If you do not wish your personal information to be included in this research, mark "prefer not to respond" under question 6.

OMB Approval No.3045-0006

Filling out I-9 Documentation

FIRST: Please fill out Section #1 of the I-9 form in its entirety. When filling out the requested information, please write in print. Make certain to check the correct box when attesting your U.S. citizenship classification. Lastly, sign and date the form.

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last _____ First _____ Middle Initial _____ Maiden Name _____

Address (Street Name and Number) _____ Apt. # _____ Date of Birth (month/day/year) _____

City _____ State _____ Zip Code _____ Social Security # _____

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____

Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

SECOND: Please provide the local LISC office administrator the following documentation as proof of citizenship:

- US Passport and/or Certificate of Naturalization.

If you **DO NOT** have either US Passport or Certificate of Naturalization please provide:

- your Birth Certificate AND State Drivers License;
- Birth Certificate & State Identification Card;
- Resident Alien card with Work Authorization; or
- Foreign VISA with a valid form I-94 & Form I-551

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

	List A	OR	List B	AND	List C
Document title:	_____		_____		_____
Issuing authority:	_____		_____		_____
Document #:	_____		_____		_____
Expiration Date (if any):	_____		_____		_____
Document #:	_____		_____		_____
Expiration Date (if any):	_____		_____		_____

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------



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Permission to Use Photographs and Video Images

I do hereby grant to Local Initiatives Support Corporation and its affiliates and subsidiaries (collectively, "LISC"), its representatives and assigns, including any photographer, videographer, or other agent acting on behalf of LISC, the full right and permission to use, publish and produce photographic pictures, video, or other images of me or in which I may be included, in whole or in part, without restriction, in connection with publications or other printed matter, video, or slide presentations or in any other form or media, prepared by or for LISC for illustration, public relations, or any other purpose that is connected to and furthers LISC's charitable mission.

I also release and discharge LISC, its representatives and assigns, including any photographer, videographer, or agent acting on behalf of LISC, from any claim by virtue of any lack of clarity or imperfection that may occur or be produced in the taking or use of the photographs, video, or other images, or in any subsequent processing thereof, as well as in any publication thereof.

Name:

Date:

Signature:



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LISC has regulatory requirements under some of our government contracts. One of the requirements is that LISC establish a formal drug free workplace policy, noted below. In addition, we must document that every member is aware of the policy. Please read and acknowledge receipt of the policy by signing and returning for inclusion in your personnel file.

LISC AMERICORPS MEMBER DRUG FREE WORKPLACE POLICY

It is the policy of LISC AmeriCorps to maintain a workplace that is free from the effects of drug and alcohol abuse. All members are prohibited from the use, sale, dispensing, distribution, possession or manufacture of controlled substances, and abusing alcohol. Drug use and alcohol abuse, in the workplace reduces effective job performance, increases absenteeism and endangers safety.

Any member who violates this policy will be subject to disciplinary action, which may include suspension, dismissal or other appropriate personnel action, and may also be required to participate satisfactorily in an approved drug abuse assistance or rehabilitation program.

Members will be assisted in seeking treatment. Members who seek referrals to local rehabilitation and counseling programs should contact the LISC AmeriCorps Director at 212-455-9800.

As a condition of service, and continued service, all members must abide by this Drug-Free Workplace Policy, and must notify LISC AmeriCorps® of any criminal drug statute charge, arrest or conviction for a violation occurring in the workplace no later than five days after such charge, arrest or conviction. Notices should be sent to: Program Director, LISC AmeriCorps Program, 501 7th Avenue, 7th Floor, New York, 10018.

Signature

Date



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Member Request Income Verification/ Public Assistance Benefits Determination

Stipend payments to participants in AmeriCorps programs are not considered income for the purposes of determining eligibility for many public assistance programs. As a LISC AmeriCorps member you may request a letter be sent directly to an agency/ organization regarding how your living stipend is determined and explaining your relationship to LISC and placement partner is as a participant. AmeriCorps members should apply for the benefit ***PRIOR TO*** requesting a supporting letter. Please note that all requests are processed by the national office and not the local office. If an AmeriCorps member requests this information from his/ her local contact, the local administrator will forward this form to the national office.

- All requests must be in writing using this form and from the AmeriCorps member.
- The letter generated by national is sent directly to the agency and a pdf copy is sent to the member's attention via e-mail.
- National will not send a "blank letter;" it must be addressed to an agency or organization.
- Letters are provided by the national LISC staff and take five (5) business days to process. While every attempt will be made to process them sooner, members should plan on this timeframe. Same day/ next day requests are not possible.
- A member can provide the information at the time of enrolling in the program or at any time by e-mailing this form to Stacey Rapp (srapp@lisc.org) or Robert Beach (rbeach@lisc.org)

Member Name:

Purpose for Letter

(ex: Food Stamps, Housing, etc)

Agency Name:

Agency Contact/Case Worker:

Case Number (if applicable):

Agency Mailing Address:

City, State Zip:

Agency Fax Number: