

ATTACHMENT J2

Department of Mental Health / Massachusetts Rehabilitation Commission

[Commonwealth of Massachusetts Agency Official Letterhead]

This letter certifies that _____,

(Print Name of Child)

is currently in the care/custody of the Commonwealth of Massachusetts Executive Office of Health and Human Service, **Department of Mental Health / Massachusetts Rehabilitation Commission**. As the signatory I, a duly authorized agency staff person attest that I have examined agency records pertaining to the above named child on: _____ the purpose of which is to verify personal information of the above named youth pertinent to a determination of eligibility for the provision of services under the Workforce Investment Act of 1998 and/or the American Recovery Reinvestment Act of 2009. The results of that examination are provided below.

Results of Documentation Examination

Date of Birth: _____

Is a citizen or legal alien of the United States

Yes

No

receives or is a member of a family that receives cash payments under a Federal, State, or local income based public assistance program

Yes

No

is an individual with a disability as defined by section 3 of the Americans with Disabilities Act of 1990 (42 USC 12102).

Yes

No

The Department understands the provision of this information shall be intended solely for the purposes of verifying information pertaining to the eligibility determination for the provision of youth services under Title I (B) (§129) of the Workforce Investment Act of 1998.

NOTE:

A notice or letter of benefits can substitute for this letter.

Please direct any questions regarding this information to:

| | |
|---------------------|--|
| Case Manager | |
| Area Office Address | |
| Telephone Number | |

Authorized Signature: _____ Date: _____

Print Name: _____

Print Title: _____