**New to AmeriCorps Grantee NSCHC Record Review Form**

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Instructions for the Grantee:

1. Please pull the NSCHC record for one “covered individual” who is associated with the grant being monitored and was actively working or serving during the assessment period listed in the monitoring notification.
   1. Note: a covered individual is someone whose salary, stipend, living allowance, or education award is associated with this grant (exception: staff members on fixed amount awards).
2. Please upload to the secure folder all components of the NSCHC record, including:
   1. Documentation of name/identification verification
   2. Documentation of consent
   3. Documentation of contingency notice
   4. NSOPW
   5. State(s) Check(s)
   6. FBI Checks
   7. Adjudication
   8. All documentation related to timing of each component

**If you use one or more of the AmeriCorps-approved vendors (Fieldprint and / or Truescreen), please upload a screen shot or printout of the check associated with this individual from your Fieldprint or Truescreen portal. Please ensure that all relevant information (timing, adjudication status, name of individual, fitness determination, etc.) are included in the screen shot.** When reviewing CHC records for new grantees only, we do not intend to log into the vendor accounts to view records unless necessary to clarify documentation submissions.

1. Please complete the following chart with information from this NSCHC record:

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Grantee Response** | **Where can OM see documentation of this item (e.g. “on the NSOPW.gov PDF” or “on the adjudication spreadsheet”)** | **Any other grantee notes (e.g. “state check not required because of NFF rule” or “new check component included due to updated 2021 regulations”)** |
| When did the person begin work or service\*? |  |  |  |
| What is the name of the individual according to the name document verified by the grantee? |  |  |  |
| What is the position/title of the individual whose record has been provided? |  |  |  |
| When did the individual consent to undergoing the NSCHC? |  |  |  |
| How was the consent obtained/ documented? |  |  |  |
| When did the individual express their understanding that selection for the program was contingent on the results of the NSCHC? |  |  |  |
| How was the NSOPW conducted? |  |  |  |
| On what date was the NSOPW conducted? |  |  |  |
| On what date was the NSOPW adjudicated? |  |  |  |
| Who adjudicated the NSOPW? |  |  |  |
| How was the state of service check conducted? |  |  |  |
| On what date was the state of service check conducted? |  |  |  |
| Who adjudicated the state of service check? |  |  |  |
| On what date was the state of service check adjudicated? |  |  |  |
| How was the state of residence check conducted? |  |  |  |
| On what date was the state of residence check conducted? |  |  |  |
| Who adjudicated the state of residence check? |  |  |  |
| On what date was the state of residence check adjudicated? |  |  |  |
| How was the FBI check conducted? |  |  |  |
| On what date was the FBI check conducted? |  |  |  |
| On what date was the FBI check adjudicated? |  |  |  |
| Who adjudicated the FBI check? |  |  |  |

\*This date should be the date when the person first began earning living allowance, stipend, or salary that was charged to the specific grant. For ASN members, this date should match the person’s enrollment date in eGrants.