

DOCUMENTATION REQUIREMENTS

Applicant/Recipient Name	Case Name
Date	Time of Interview
Case Number	

LOCAL DISTRICT NAME AND ADDRESS:

You must provide proof of the eligibility factors checked. Your worker must receive this proof no later than _____. If your worker does not receive this proof, your application may be denied or your assistance may be discontinued. (If you cannot obtain these items by the above date, call _____ to find out what other forms may be used to verify your eligibility.) If you ask, we will help you get the proof as long as you are cooperating with us.

Eligibility Factor	To prove this factor, provide: ✓↓ ONE of the following	OR	✓↓ TWO of the following (If you are applying for SNAP Benefits or Medical Assistance only, you need to bring only one form for each eligibility factor checked.)
<input type="checkbox"/> Identity You must prove who you are.	Photo I.D. Driver's license U.S. passport Naturalization Certificate Hospital/Doctor's Records Adoption paper		Statement from another person Validated Social Security Number Birth/Baptismal Certificate
<input type="checkbox"/> Marital Status You must prove if you are married, divorced, separated, or widowed.	Marriage/Death certificates Separation agreement Divorce decree Social Security records VA records		Statement from clergy Census records Newspaper notice Statement from another person
<input type="checkbox"/> Residence You must prove where you live.	Statement from landlord Current rent receipt or lease Mortgage records		Statement from another person Current mail School records
<input type="checkbox"/> Household Composition/Size You must prove who is living with you.	Statement from non-relative Landlord School records		Statements from other persons
<input type="checkbox"/> Age You must prove the age of each person applying for assistance, where appropriate.	Birth certificate Baptismal certificate Hospital records Adoption records Naturalization certificate Driver's license		Insurance policy Census records School records Statement from another person Physician statement Official correspondence from SSA
<input type="checkbox"/> Absent Parent If the parent of any child in your home is not living with you, you must prove this	Death certificate Survivor's benefits Hospital records VA or military records Divorce papers Proof of remarriage		Newspaper notice Insurance company records Institutional records Agency case records and burial payment files Statement from another person

Eligibility Factor

Social Security Number
(For Temporary Assistance, SNAP Benefits and Medical Assistance **only**, you do **not** have to provide proof of your Social Security Number (SSN) unless the SSN you give does not match with SSA'S records or cannot be verified by the agency.)

Citizenship or Current Alien Status - US citizens are eligible for Temporary Assistance, SNAP and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, SNAP or Medical Assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary non-immigrants are eligible only for the treatment of an emergency medical condition.

Earned Income
From employer

From self-employment

Income from rent or room/board

Unearned Income
Child support

Unemployment Insurance benefits (UIB)

Social Security benefits (including SSI)

Veteran's benefits

To prove this factor, provide one of the following:

Social Security Card
Official correspondence from SSA
A Social Security Number is not required for aliens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance-only applicants who are pregnant.

Birth certificate
Baptismal certificate
Hospital records
U.S. passport
Military service records
Naturalization certificate
USCIS documentation
Evidence of continuous U.S. residence since prior to 11/1/72.

Current wage stubs
Pay envelopes
On letterhead, rate of pay per hour; hours worked per week; date of first pay, if new and employer's phone number
Contact with employer
Business records
Tax records
Records and related materials concerning self-employment earnings and expenses
Current income tax return
Current contribution check
Statement from roomer, boarder, tenant
Income tax records

Statement from Family Court
Statement from person paying support
Check stubs
Current award certificate
Current benefit check
Official correspondence with NYS Dept. of Labor
Current award certificate
Current benefit check
Official correspondence from SSA
Current award certificate
Current benefit check
Official correspondence from VA

Eligibility Factor

Unearned Income (con't)

Workers' Compensation

Education grants and loans

Interest/dividends/royalties

Private pension/annuity

Other

Resources

Bank accounts: checking, savings, retirement (IRA and Keogh)

Stocks, bonds, certificates

Life Insurance

Burial trust or fund burial plot or funeral agreement

Income tax refund or earned income tax credit (EITC)

Real estate other than Residence

Motor Vehicle

Lump sum payment

Current bank records
Current credit union records

Stock certificate
Bonds
Statement from financial institution

Insurance policy
Statement from insurance company

Bank records
Burial agreement
Burial plot deed
Statement from funeral director

Tax Refund
Statement from tax office

Deed
Statement from real estate broker
Appraisal/estimate of current value by broker

Registration (older models)
Title of ownership
Appraisal of current value by dealer
Financing data

Statement from source of payment

Award Letter
Check stub

Statement from school
Statement from bank
Award letter

Statement from bank or credit union
Statement from broker/agent

Current award letter
Current benefit check
Official correspondence from source of income

Statement from household
Statement from nursing home

Current wage stubs
Pay envelopes
On letterhead, rate of pay per hour; hours worked per week; date of first pay, if new and employer's phone number
Contact with employer
Business records
Tax records
Records and related materials concerning self-employment earnings and expenses
Current income tax return
Current contribution check
Statement from roomer, boarder, tenant
Income tax records

To prove this factor, provide one of the following:

Award Letter
Check stub

Statement from school
Statement from bank
Award letter

Statement from bank or credit union
Statement from broker/agent

Current award letter
Current benefit check
Official correspondence from source of income

Statement from household
Statement from nursing home

Current bank records
Current credit union records

Stock certificate
Bonds
Statement from financial institution

Insurance policy
Statement from insurance company

Bank records
Burial agreement
Burial plot deed
Statement from funeral director

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Appraisal/estimate of current value by broker

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Statement from source of payment

Eligibility Factor

Other _____

Shelter Expenses
You must prove how much it costs you to live where you do (You may need to provide separate documentation for each item of shelter expense.) **Medical Assistance does not require documentation of shelter expenses.**

Medical Bills
Copies of medical bills (paid and unpaid)

Health Insurance
If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.

Disabled/Incapacitated /Pregnant
If you or anyone living with you is sick or pregnant, you must provide proof.

Unpaid Bills
Rent, utility

Referral
Drug/Alcohol Treatment Program

Employment Service

Other Expenses/ Dependent Care Cost
You must provide proof if you pay court-ordered support, child care, recurring loans, or for services of a home health aide or attendant.

School Attendance
You must prove who is in school

Other:

To prove this factor, provide one of the following:

Current rent receipt
Current lease
Mortgage book/records
Property and school tax records
Landlord statement
Sewer and water bills
Homeowner's insurance records
Fuel bills
Non-heating utility bills
Telephone bills

Copies of medical bills (paid and unpaid)

Insurance policy
Insurance card
Statement from provider of coverage
Medicare card

Statement from medical professional verifying pregnancy and expected date of birth
Statement from medical professional
Proof of SSA or SSI benefits for disability or blindness

Copy of each bill showing amount owed, period of services and provider

Statement from provider of Treatment

Statement from employment service

Court order
Statement from day care center or other child care provider
Statement from aide or attendant
Cancelled checks or receipts

School records (current report card)
Statement from school/ or Higher Education Institution

Absent Parent Information
You must provide any information you have: name, address, Social Security Number, birth date, employment

Pay Stubs
Tax returns
Social Security or VA records
Monetary determination letters
ID. cards (health insurance)
Driver's license or registration

WORKER NAME

APPLICANT/ RECIPIENT SIGNATURE

DATE

DATE

TELEPHONE NUMBER
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TELEPHONE NUMBER
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