

**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"/> <b>Identity</b> 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"/> <b>Marital Status</b> 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"/> <b>Residence</b> 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"/> <b>Household Composition/Size</b> You must prove who is living with you.	Statement from non-relative Landlord School records		Statements from other persons
<input type="checkbox"/> <b>Age</b> 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"/> <b>Absent Parent</b> 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

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

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

**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

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

**Medical Bills**

**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:**

**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**

**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

**Other:**

**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  
( )

TELEPHONE NUMBER  
( )