

DOCUMENTATION RECEIPT

Name _____
Case No. _____
Worker _____

Date _____
Time _____
Receptionist's Initials _____

PLEASE CHECK SUBMITTED ITEMS BELOW

FOR PA MEDICAID AND/OR CHILD HEALTH PLUS A

IDENTITY/DATE OF BIRTH

- Birth Certificate
- Marriage Certificate
- Driver's License
- Adoption Papers
- Passport

RESIDENCY

- ID card with address
- Driver's License
- Recent Utility Bill
- Property Tax/Mortgage Statement
- Letter/statement/rent receipt with home address from landlord

CITIZENSHIP AND ALIEN STATUS

- Citizenship Papers
- Birth Certificate
- Passport
- INS Documentation/Correspondence

MEDICAL/ HEALTH INSURANCE INFORMATION

- Medical Records
- Pregnancy Statement
- Health Insurance Policy/Card/Letter

EARNED INCOME

- Wage Stubs or Job Information
- Income Tax Return

ASSETS

- Life Insurance Policies
- Auto Registration (Boat/ Truck)
- Auto Title
- Checking Account Statement
- Saving's Account Statement
- Deed to Property

UNEARNED INCOME

- U.I.B. Book
- Veterans Administration Papers
- Social Security Papers
SSI/Social Security Benefit Check;
Award/Other Letter
- Family Court Petition
- Separation/Divorce Papers
- Support Check Stub

OTHER

- Social Security Card
- Death Certificate
- Disability Statement
- Dependent Care Costs Statement
- Unpaid Bills- utility, medical, rent

PA & FS DOCUMENTS (ONLY)

HOUSEHOLD COMPOSITION

- Landlord Form
- Statement From a Third Party
- School Statement

EMERGENCY

- Eviction Papers
- Shut Off - Gas, Electric

MAIL - IN RECERTIFICATION

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Desk Instructions: Copy to Client, Attach Copy with Documentation and send to Worker,
Copy at Desk