

## DOCUMENTATION / VERIFICATION DESK AID

|                                    | PRIMARY (OBTAIN ONE)*  | SECONDARY (OBTAIN TWO)*  |  |   |
|------------------------------------|--|--|--|---|
| <b>Identity</b>                    | Photo I.D.<br>Driver's License<br>US Passport  | Statement from Another Person<br>Social Security Card<br>Birth Certificate<br>Credit Card with Signature   | <b>Citizenship and Alien Status</b>  | Birth Certificate<br>Baptismal Certificate<br>Hospital Records<br>US Passport<br>Military Service Records<br>Naturalization Certificate<br>INS Documentation<br>Evidence of Continuous US Residence since Prior to 1/1/72                                       |
| <b>Marital Status</b>              | Marriage Certificate<br>Separation Agreement<br>Divorce Decree<br>Death Certificate<br>Social Security Records<br>VA Records               | Statement from Clergy<br>Census Records<br>Newspaper Notice<br>Statement from another Person   |  | Current Wage Stubs<br>Pay Envelopes<br>Contact with Employer<br>Business Records<br>Records and Related Materials Concerning Self-Employment Earnings and Expenses<br>Current Income Tax Return<br>Statement from Roomer, Boarder, Tenant<br>Income Tax Records |
| <b>Residence</b>                   | Statement from Non-Relative<br>Landlord<br>Current Rent Receipt<br>Mortgage Records/Book   | Statement from Another Person<br>Current Mail<br>School Records<br>Physician Records<br>Telephone Directory<br>City Directory                    |  | <b>Earned Income</b>  |
| <b>Absence of Parent</b>           | Divorce Papers<br>Proof of Household Composition (see Section below) plus IV-D Referral<br>Proof of Remarriage                             | Statement from Another Person  |  | <b>Child Support</b>  |
| <b>Death of Parent</b>             | Death Certificate<br>Survivors Benefits<br>Hospital Records<br>VA or Military Records  | Newspaper Notice<br>Insurance Company Records<br>Institutional Records<br>Agency Case Records and Burial Payment Files                           |  | <b>UIB</b>  |
| <b>Household Composition/ Size</b> | Statement from Non-Relative<br>Landlord<br>School Records<br>Home Visit  | Statement from Another Person<br>Services Records  |  | <b>SSA/SSI</b>  |
| <b>Age</b>                         | Birth Certificate<br>Baptismal Certificate<br>Hospital Records<br>Adoption Records<br>Naturalization Certificate<br>Driver's License       | Insurance Policy<br>Census Records<br>School Records<br>Statement from Another Person<br>Physician Statement<br>Official Correspondence from SAA |  | <b>VA</b>   |
| <b>Relationship</b>                | Long Form Birth Certificate<br>Adoption Papers<br>Court Records<br>Marriage Certificate  | School Records<br>Religious Records<br>Medical Records of Birth and Parentage  |  | <b>Educational Grants and Loans</b>   |
| <b>Social Security Number</b>      | Social Security Card<br>SS-5/DSS-4000<br>Official correspondence from SSA  | Health Insurance Card<br>Armed Forces Serial No.<br>Social Security Check<br>SDX   |  | <b>Interest/Dividends</b>   |
| <b>SSI Recipient</b>               | SDX  |  |  | <b>Other Unearned Income (e.g., Worker's Compensation, Contributions)</b>   |
| <b>SSI Related</b>                 | Proof of Age (See Section Above)<br>Certification by AD Review Team<br>Certification by Commissioner of the Blind and Visually Handicapped |  | Bank Statement<br>Statement from Broker/Financial Institution<br>Credit Union Records<br>Current Award Letter<br>Official Correspondence from Source of Income<br>Contact with Source of Income<br>Current Benefit Check<br>Current Contribution Check |   |

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| <b>Cash on Hand</b>   | Statement from Household<br>Statement from Nursing Home  |
| <b>Bank Accounts:<br/>Checking, Savings,<br/>Retirement<br/>(IRA &amp; Keogh)</b> | Current Bank Records   |
| <b>Credit Union</b>   | Current Credit Union Records   |
| <b>Stocks, Bonds,<br/>Certificates,<br/>Mutual Funds</b>                          | Stock Certificate<br>Bond<br>Statement from Financial Institution  |
| <b>Life Insurance</b>   | Insurance Policy<br>Statement from Insurance Company   |
| <b>Burial Trust or Fund,<br/>Burial Plot or<br/>Funeral Agreement</b>             | Bank Records<br>Burial Agreement<br>Burial Plot Deed<br>Statement from Funeral Director  |
| <b>Trust Fund</b>   | Court Records<br>Trust Agreement<br>Statement from Attorney  |
| <b>Income Tax Refund or<br/>Earned Income Credit<br/>(EIC)</b>                    | Refund or EIC Check<br>Statement from Tax Office   |
| <b>Safe Deposit Box</b>   | Agency Inspection<br>Signed Notarized Statement of Contents  |
| <b>Non-Homestead<br/>Property</b>   | Deed<br>Public Real Estate Records<br>Appraisal; Estimate of Current Value by<br>Estate Appraiser or Broker<br>Real Estate Listing |
| <b>Motor Vehicle</b>  | Registration<br>Title of Ownership<br>Financing Data<br>Appraisal of Current Value by Dealer                                       |
| <b>Lump Sum Payment</b>   | Statement from Source of Payment<br>Lump Sum Check   |
| <b>Other Resources</b>  | Household Statement of Current Value<br>Sales Slips<br>Insurance Appraisal<br>Estimate from Dealer                                 |

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| <b>Shelter Expenses</b>       | Current Rent Receipt<br>Current Lease<br>Mortgage Book/Records<br>Property and School Tax Records<br>Landlord Statement<br>Sewer and Water Bills<br>Homeowner's Insurance Records<br>Fuel Bills<br>Non-Heating Utility Bills<br>Telephone Bills<br>Garbage and Trash Collection Bills or Receipts |
| <b>Other Expenses</b>         | Statement from Provider of Child/Dependent Care   |
| <b>Medical Expenses</b>       | Statement from Provider of Medical Services   |
| <b>Health Insurance</b>       | Insurance Policy<br>Insurance Card<br>Statement from Employer/Provider of Coverage<br>Separation/Divorce Agreement with Ordered Coverage<br>Renewal Bill<br>Medicare Card   |
| <b>Disability</b>             | Statement from Medical Professional<br>SSA Records of Disability<br>Certification by AD Review Team<br>Observation of Obvious Physical Handicap   |
| <b>Pregnancy</b>              | Doctor, Clinic or Hospital Statement, Including Expected<br>Date of Birth   |
| <b>Incapacity of Parent</b>   | Certification by AD Review Team<br>Statement from Medical Professional<br>Proof of SSA or SSI Benefits for Disability or Blindness  |
| <b>Unemployment of Parent</b> | ADC-U Screening Checklist   |
| <b>Education and Training</b> | Statement from School Authorities<br>Statement from Training Institution  |
| <b>Caretaker Status</b>       | Proof of Age and Presence of Children<br>Statement from Household<br>Statement from Medical Professional  |
| <b>Employment</b>             | Statement from Employer<br>Household Statement of Self-Employment<br>Pay Stubs<br>Tax Records<br>Business Records   |
| <b>Registration</b>           | Copy of Work Registration Form  |
| <b>School Attendance</b>      | School Records (Current Report Card)<br>Statement from School   |