

**DOCUMENTATION REQUIREMENTS**

**LDSS-2642** (Rev. 12/03)

|                          |                   |
|--------------------------|-------------------|
| 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.)

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

| Eligibility Factor  | To prove this factor, provide one of the following:   |
|---|---|
| <input type="checkbox"/> <b>Social Security Number</b><br>(For Temporary Assistance and Medical Assistance <b>only</b> , you do <b>not</b> 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.)   | Social Security Card<br>Official correspondence from SSA<br>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. |
| <input type="checkbox"/> <b>Citizenship or Current Alien Status</b> - US citizens are eligible for Temporary Assistance, Food Stamps and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, Food Stamps and 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. | Birth certificate<br>Baptismal certificate<br>Hospital records<br>U.S. passport<br>Military service records<br>Naturalization certificate<br>USBCIS documentation<br>Evidence of continuous U.S. residence since prior to 1/1/72.           |
| <input type="checkbox"/> <b>Earned Income</b><br>From employer  | Current wage stubs<br>Pay envelopes<br>Contact with employer<br>Business records<br>Tax records   |
| <input type="checkbox"/> from self-employment   | Records and related materials concerning self-employment earnings and expenses<br>Current income tax return   |
| <input type="checkbox"/> Income from rent or room/board   | Current contribution check<br>Statement from roomer, boarder, tenant<br>Income tax records  |
| <input type="checkbox"/> <b>Unearned Income</b><br>Child support  | Statement from Family Court<br>Statement from person paying support   |
| <input type="checkbox"/> Unemployment Insurance benefits (UIB)  | Check stubs<br>Current award certificate<br>Current benefit check<br>Official correspondence with NYS Dept. of Labor  |
| <input type="checkbox"/> Social Security benefits (including SSI)   | Current award certificate<br>Current benefit check<br>Official correspondence from SSA  |
| <input type="checkbox"/> Veteran's benefits   | Current award certificate<br>Current benefit check<br>Official correspondence from VA   |

| Eligibility Factor  | To prove this factor, provide one of the following:  |
|---|--|
| <input type="checkbox"/> <b>Unearned Income (con't)</b>   | Award Letter<br>Check stub   |
| <input type="checkbox"/> Worker's Compensation  | Statement from school<br>Statement from bank<br>Award letter                                   |
| <input type="checkbox"/> Education grants and loans   | Statement from bank or credit union<br>Statement from broker/agent                             |
| <input type="checkbox"/> Interest/dividends/royalties   | Current award letter<br>Current benefit check<br>Official correspondence from source of income |
| <input type="checkbox"/> Private pension/annuity  | Statement from household<br>Statement from nursing home  |
| <input type="checkbox"/> <b>Resources</b> (For Medical Assistance <b>only</b> , resource information is not requested from pregnant women, children under the age of 19 and person eligible for Family Health Plus) | Current bank records<br>Current credit union records   |
| <input type="checkbox"/> Bank accounts: checking, savings, retirement (IRA and Keogh)   | Stock certificate<br>Bonds<br>Statement from financial institution                             |
| <input type="checkbox"/> Stocks, bonds, certificates  | Insurance policy<br>Statement from insurance company   |
| <input type="checkbox"/> Life Insurance   | Bank records<br>Burial agreement<br>Burial plot deed<br>Statement from funeral director        |
| <input type="checkbox"/> Burial trust or fund burial plot or funeral agreement  | Refund or EITC check<br>Statement from tax office  |
| <input type="checkbox"/> Income tax refund or earned income tax credit (EITC)   | Deed<br>Statement from real estate broker<br>Appraisal/estimate of current value by broker     |
| <input type="checkbox"/> Real estate other than Residence   | Registration<br>Title of ownership<br>Appraisal of current value by dealer<br>Financing data   |
| <input type="checkbox"/> Motor Vehicle  | Statement from source of payment<br>Lump sum check   |
| <input type="checkbox"/> Lump sum payment   |  |

| Eligibility Factor   | To prove this factor, provide one of the following:   |
|--|---|
| <input type="checkbox"/> Other _____   | Household statement of current value<br>Sales slips<br>Insurance appraisal<br>Estimate from dealer  |
| <input type="checkbox"/> <b>Shelter Expenses</b><br>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.) <b>Medical Assistance does not require documentation of 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 |
| <input type="checkbox"/> <b>Medical Bills</b>  | Copies of medical bills (paid and unpaid)   |
| <input type="checkbox"/> <b>Health Insurance</b><br>If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this  | Insurance policy<br>Insurance card<br>Statement from provider of coverage<br>Medicare card  |
| <input type="checkbox"/> <b>Disabled/Incapacitated /Pregnant</b><br>If you or anyone living with you is sick or pregnant, you must provide proof.  | Statement from medical professional verifying pregnancy and expected date of birth<br>Statement from medical professional<br>Proof of SSA or SSI benefits for disability or blindness   |
| <input type="checkbox"/> <b>Unpaid Bills</b><br>Rent, utility, medical   | Copy of each bill showing amount owed, period of services and provider  |
| <input type="checkbox"/> <b>Referral</b><br>Drug/Alcohol Treatment Program   | Statement from provider of Treatment  |
| <input type="checkbox"/> Employment Service  | Statement from employment service   |
| <input type="checkbox"/> <b>Other Expenses/ Dependent Care Cost</b><br>You must provide proof if you pay court-ordered support, child care, recurring loans, or for services of a home health aide or attendant.   | Court order<br>Statement from day care center or other child care provider<br>Statement from aide or attendant<br>Cancelled checks or receipts  |
| <input type="checkbox"/> <b>School Attendance</b><br>You must prove who is in school   | School records (current report card)<br>Statement from school   |
| <input type="checkbox"/> <b>Other:</b>   |   |

|   |  |   |      |                         |
|---|--|---|------|-------------------------|
| <input type="checkbox"/> <b>Absent Parent Information</b><br>You must provide any information you have: name, address, Social Security Number, birth date, employment | Pay Stubs<br>Tax returns<br>Social Security or VA records<br>Unemployment (UIB) book<br>ID. cards (health insurance)<br>Driver's license or registration | WORKER NAME<br><br>APPLICANT/ RECIPIENT SIGNATURE | DATE | TELEPHONE NUMBER<br>( ) |
|   |  |   | DATE | TELEPHONE NUMBER<br>( ) |