

DOCUMENTATION RECEIPT**TEMPORARY ASSISTANCE, FOOD STAMP BENEFITS, MEDICAID AND/OR CHILD HEALTH PLUS A**

Name: _____

Date: _____

Case No. : _____

Time: _____

Receptionist's Initials: _____

PLEASE CHECK SUBMITTED ITEMS BELOW

<p><u>IDENTITY/DATE OF BIRTH</u></p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Driver's License</p> <p><input type="checkbox"/> Adoption Papers</p> <p><input type="checkbox"/> Passport</p>	<p><u>RESIDENCY</u></p> <p><input type="checkbox"/> ID Card with Address</p> <p><input type="checkbox"/> Driver's License</p> <p><input type="checkbox"/> Recent Utility Bill</p> <p><input type="checkbox"/> Property Tax/Mortgage Statement</p> <p><input type="checkbox"/> Letter/Statement/Rent Receipt with home address from landlord</p>
<p><u>CITIZENSHIP AND ALIEN STATUS</u></p> <p><input type="checkbox"/> Citizenship Papers</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> USCIS Documentation/Correspondence</p>	<p><u>MEDICAL/HEALTH INSURANCE INFORMATION</u></p> <p><input type="checkbox"/> Medical Records</p> <p><input type="checkbox"/> Pregnancy Statement</p> <p><input type="checkbox"/> Health Insurance Policy/Card/Letter</p>
<p><u>EARNED INCOME</u></p> <p><input type="checkbox"/> Wage Stubs or Job Information</p> <p><input type="checkbox"/> Income Tax Return</p>	<p><u>UNEARNED INCOME</u></p> <p><input type="checkbox"/> U.I.B. Book</p> <p><input type="checkbox"/> Veterans Administration Papers</p> <p><input type="checkbox"/> Social Security Papers (SSI/Social Security Benefit Check; Award/Other Letter)</p> <p><input type="checkbox"/> Family Court Petition</p> <p><input type="checkbox"/> Separation/Divorce Papers</p> <p><input type="checkbox"/> Support Check Stub</p>
<p><u>ASSETS</u></p> <p><input type="checkbox"/> Life Insurance Policies</p> <p><input type="checkbox"/> Auto Registration (Boat; Truck)</p> <p><input type="checkbox"/> Auto Title</p> <p><input type="checkbox"/> Checking Account Statement</p> <p><input type="checkbox"/> Savings Account Statement</p> <p><input type="checkbox"/> Deed to Property</p>	<p><u>OTHER</u></p> <p><input type="checkbox"/> Social Security Card</p> <p><input type="checkbox"/> Death Certificate</p> <p><input type="checkbox"/> Disability Statement</p> <p><input type="checkbox"/> Dependent Care Costs Statement</p> <p><input type="checkbox"/> Unpaid Bills – Utility, Medical, Rent</p>
<p><u>MAIL- IN RECERTIFICATION</u></p> <p><input type="checkbox"/> RECEIVED</p>	

TA & FS DOCUMENTS (ONLY)

<p><u>HOUSEHOLD COMPOSITION</u></p> <p><input type="checkbox"/> Landlord Form</p> <p><input type="checkbox"/> Statement from a Third Party</p> <p><input type="checkbox"/> School Statement</p>	<p><u>EMERGENCY</u></p> <p><input type="checkbox"/> Eviction Papers</p> <p><input type="checkbox"/> Shut Off – Gas, Electric</p>
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Desk Instructions: **Copy Client, attach Copy with Documentation and send to Worker; Copy at Desk**

WORKER NAME:	OFFICE:	UNIT:	WORKER ID:	TELEPHONE NO.:
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