

DOCUMENTATION REQUIREMENTS

Applicant/Recipient Name		Case Name	Eligibility Factor:		one of the following:		Eligibility Factor:		one of the following:		Eligibility Factor:		one of the following:	
Date	Time of Interview	Case Number	<input type="checkbox"/> 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.)		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.		<input type="checkbox"/> Unearned Income (con't) <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Education grants and loans <input type="checkbox"/> Interest/dividends/royalties <input type="checkbox"/> Private pension/annuity <input type="checkbox"/> Other		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		<input type="checkbox"/> Other			
LOCAL DISTRICT NAME AND ADDRESS:			<input type="checkbox"/> 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.		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 1/1/72.		<input type="checkbox"/> Resources <input type="checkbox"/> Bank accounts: checking, savings, retirement (IRA and Keogh) <input type="checkbox"/> Stocks, bonds, certificates <input type="checkbox"/> Life Insurance <input type="checkbox"/> Burial trust or fund burial plot or funeral agreement <input type="checkbox"/> Income tax refund or earned income tax credit (EITC) <input type="checkbox"/> Real estate other than Residence <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Lump sum payment		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		<input type="checkbox"/> 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.		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	
			<input type="checkbox"/> Medical Bills				Copies of medical bills (paid and unpaid)							
			<input type="checkbox"/> Health Insurance If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.				Insurance policy Insurance card Statement from provider of coverage Medicare card							
			<input type="checkbox"/> Disabled/Incapacitated /Pregnant 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 Statement from medical professional Proof of SSA or SSI benefits for disability or blindness							
<input type="checkbox"/> Identity 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"/> Earned Income From employer <input type="checkbox"/> From self-employment		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		<input type="checkbox"/> Unpaid Bills Rent, utility		Copy of each bill showing amount owed, period of services and provider	
<input type="checkbox"/> Marital Status 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"/> Income from rent or room/board		<input type="checkbox"/> Unearned Income Child support <input type="checkbox"/> Unemployment Insurance benefits (UIB) <input type="checkbox"/> Social Security benefits (including SSI) <input type="checkbox"/> Veteran's benefits		<input type="checkbox"/> Referral Drug/Alcohol Treatment Program <input type="checkbox"/> Employment Service		Statement from provider of Treatment Statement from employment service	
<input type="checkbox"/> Residence 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"/> Unearned Income Child support		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		<input type="checkbox"/> 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.		Court order Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts	
<input type="checkbox"/> Household Composition/Size You must prove who is living with you.			Statement from non-relative Landlord School records		Statements from other persons		<input type="checkbox"/> Unemployment Insurance benefits (UIB)		Statement from real estate broker Appraisal/estimate of current value by broker		<input type="checkbox"/> School Attendance You must prove who is in school		School records (current report card) Statement from school/ or Higher Education Institution	
<input type="checkbox"/> Age 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"/> Social Security benefits (including SSI)		Deed Statement from real estate broker Appraisal of current value by dealer Financing data		<input type="checkbox"/> Other:			
<input type="checkbox"/> Absent Parent 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		<input type="checkbox"/> Veteran's benefits		Registration (older models) Title of ownership Appraisal of current value by dealer Financing data					
<input type="checkbox"/> 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				DATE		TELEPHONE NUMBER ()			
					APPLICANT/ RECIPIENT SIGNATURE				DATE		TELEPHONE NUMBER ()			