

**GENERAL INFORMATION SYSTEM**  
**Center for Employment & Economic Supports**

**July 3, 2012**

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**TO:** Commissioners, TA Directors, FS Directors, HEAP Liaisons, Employment Coordinators

**FROM:** Phyllis Morris, Acting Deputy Commissioner, Center for Employment and Economic Supports

**SUBJECT:** Release of Updated LDSS-2642: "Documentation Requirements" Form

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** *FS Bureau @ 1-518-473-1469*  
*TA Bureau @ 1-518-474-9344*

The LDSS-2642: "Documentation Requirements," form has been revised and available for ordering from Document Services. The following underlined statement has been added:

"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.) **If you ask, we will help you get the proof as long as you are cooperating with us.**"

The above referenced document has also been posted on the OTDA Intranet website at [http://otda.state.nyenet/ldss\\_eforms/](http://otda.state.nyenet/ldss_eforms/) and is available for downloading by local districts for reproduction locally.

Upon receipt of this GIS previous versions of the above form **must immediately be destroyed** and replaced with the revised version.

Any future written requests for master camera ready copies of the English version of this document should be submitted on OTDA-876: "Request for Forms or Publications," and should be sent to:

Office of Temporary and Disability Assistance  
BMS Document Services and Operational Support  
PO Box 1990  
Albany, NY 12201

Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 49522.

Documents may also be ordered through Outlook. To order the forms you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then under Program Areas, go to Division of Operations and Program Support page, then to OPS e-forms page (this page contains the electronic OTDA-876).

For those who do not have Outlook, but who have Internet access for sending and receiving e-mail, the Internet e-mail address is: [gq7359@dfa.state.ny.us](mailto:gq7359@dfa.state.ny.us).

For a complete list of available forms, please refer to the OTDA Intranet site: [http://otda.state.nyenet/ldss\\_eforms/](http://otda.state.nyenet/ldss_eforms/)

**DOCUMENTATION REQUIREMENTS**

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.) If you ask, we will help you get the proof as long as you are cooperating with us.

Eligibility Factor	To prove this factor, provide: ✓↓ ONE of the following	OR	✓↓ TWO of the following (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> 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"/> <b>Marital Status</b> 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"/> <b>Residence</b> 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"/> <b>Household Composition/Size</b> You must prove who is living with you.	Statement from non-relative Landlord School records		Statements from other persons
<input type="checkbox"/> <b>Age</b> 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"/> <b>Absent Parent</b> 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

Eligibility Factor	To prove this factor, provide one of the following:
<input type="checkbox"/> <b>Social Security Number</b> (For Temporary Assistance, Food Stamp Benefits and Medical Assistance-only, 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 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"/> <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 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 11/1/72.
<input type="checkbox"/> <b>Earned Income</b> From employer	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
<input type="checkbox"/> From self-employment	Current contribution check Statement from roomer, boarder, tenant Income tax records
<input type="checkbox"/> Income from rent or room/board	
<input type="checkbox"/> <b>Unearned Income</b> 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"/> Unemployment Insurance benefits (UIB)	
<input type="checkbox"/> Social Security benefits (including SSI)	
<input type="checkbox"/> Veteran's benefits	

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

Eligibility Factor	To prove this factor, provide one of the following:
<input type="checkbox"/> Other _____	
<input type="checkbox"/> <b>Shelter Expenses</b> 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 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"/> <b>Medical Bills</b>	Copies of medical bills (paid and unpaid)
<input type="checkbox"/> <b>Health Insurance</b> 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 <b>Medicare</b> card
<input type="checkbox"/> <b>Disabled/Incapacitated /Pregnant</b> 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"/> <b>Unpaid Bills</b> Rent, utility	Copy of each bill showing amount owed, period of services and provider
<input type="checkbox"/> <b>Referral</b> 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> 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"/> <b>School Attendance</b> You must prove who is in school	School records (current report card) Statement from school/ or Higher Education Institution
<input type="checkbox"/> <b>Other:</b>	

<input type="checkbox"/> <b>Absent Parent Information</b> 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 ( )