LDSS-2642 (Rev. 8/12)

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 SNAP Benefits or Medical Assistance **only,** you need to bring **only** one form for each eligibility factor checked.)
☐ **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
☐ **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
☐ **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
☐ **Household Composition/Size** You must prove who is living with you.	Statement from non-relative Landlord School records	Statements from other persons
☐ **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
☐ **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
☐ **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	

Eligibility Factor	To prove this factor, provide one of the following:
☐ **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.
☐ **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.
☐ **Earned Income** From employer ☐ From self-employment ☐ Income from rent or room/board	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
☐ **Unearned Income** Child support ☐ Unemployment Insurance benefits (UIB) ☐ Social Security benefits (including SSI) ☐ Veteran's benefits	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

Eligibility Factor	To prove this factor, provide one of the following:
☐ **Unearned Income (con't)** ☐ Workers' Compensation ☐ Education grants and loans ☐ Interest/dividends/royalties ☐ Private pension/annuity ☐ 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
☐ **Resources** ☐ Bank accounts: checking, savings, retirement (IRA and Keogh) ☐ Stocks, bonds, certificates ☐ Life Insurance ☐ Burial trust or fund burial plot or funeral agreement ☐ Income tax refund or earned income tax credit (EITC) ☐ Real estate other than Residence ☐ Motor Vehicle ☐ 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

Eligibility Factor	To prove this factor, provide one of the following:
☐ Other _____	
☐ **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
☐ **Medical Bills**	Copies of medical bills (paid and unpaid)
☐ **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
☐ **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
☐ **Unpaid Bills** Rent, utility	Copy of each bill showing amount owed, period of services and provider
☐ **Referral** Drug/Alcohol Treatment Program ☐ Employment Service	Statement from provider of Treatment Statement from employment service
☐ **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
☐ **School Attendance** You must prove who is in school	School records (current report card) Statement from school/ or Higher Education Institution
☐ **Other:**	

WORKER NAME	DATE	TELEPHONE NUMBER ( )
APPLICANT/ RECIPIENT SIGNATURE	DATE	TELEPHONE NUMBER ( )