

DOCUMENTATION REQUIREMENTS

LDSS-2642 (Rev. 9/01)

Applicant/Recipient Name	Case Name
Date	Time of Interview
Case Number	

LOCAL DISTRICT NAME AND ADDRESS:

In connection with your application or recertification 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: # <input type="checkbox"/> ONE of the following	OR	# <input type="checkbox"/> 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"/> 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 Social Security card Birth certificate Birth/Baptismal Certificate
<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"/> 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"/> 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"/> 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"/> 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"/> 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 Unemployment (UIB) book ID. cards (health insurance) Driver's license or registration		WORKER SIGNATURE
			APPLICANT/ RECIPIENT SIGNATURE

Eligibility Factor	To prove this factor, provide one of the following:
<input type="checkbox"/> Social Security Number (A Social Security Number is not required for aliens who are seeking Medical Assistance for emergency treatment only or are MA applicants who are pregnant)	Social Security card SS-5/DSS-4000 Official correspondence from SSA
<input type="checkbox"/> Citizenship and Alien Status US citizens are eligible for Temporary Assistance, Food Stamps and Medical Assistance. Aliens' eligibility for Temporary Assistance, Food Stamps and Medical Assistance is based on whether the alien is a qualified or a non-qualified alien and the date on which the alien entered the country. Alien status is not an eligibility factor when an alien is only applying for assistance for treatment of an emergency condition or assistance for a pregnant woman, or was permanently residing under color of law, was residing in certain residential settings or had a diagnosis of AIDS, and was in receipt of MA on August 4, 1997.	Birth certificate Baptismal certificate Hospital records U.S. passport Military service records Naturalization certificate INS documentation Evidence of continuous U.S. residence since prior to 1/1/72.
<input type="checkbox"/> Earned Income From employer	Current wage stubs Pay envelopes Contact with employer Business records Tax records
<input type="checkbox"/> from self-employment	Records and related materials concerning self-employment earnings and expenses Current income tax return
<input type="checkbox"/> Income from rent or room/board	Current contribution check Statement from roomer, boarder, tenant Income tax records
<input type="checkbox"/> Unearned Income Child support	Statement from Family Court Statement from person paying support Check stubs
<input type="checkbox"/> Unemployment Insurance benefits (UIB)	Current award certificate Current benefit check Official correspondence with NYS Dept. of Labor
<input type="checkbox"/> Social Security benefits (including SSI)	Current award certificate Current benefit check Official correspondence from

Eligibility Factor	To prove this factor, provide one of the following:
<input type="checkbox"/> Unearned Income (con't)	
<input type="checkbox"/> Worker's 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"/> Resources (for MA only, resource information is not requested from pregnant women, children and person eligible for Family Health Plus)	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 credit (EIC)	Refund or EIC check 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 Title of ownership Appraisal of current value by dealer Financing data
<input type="checkbox"/> Lump sum payment	Statement from source of payment Lump sum check

Eligibility Factor	To prove this factor, provide one of the following:
<input type="checkbox"/> Other _____	Household statement of current value Sales slips Insurance appraisal Estimate from dealer
<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.)	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"/> Unpaid Bills Rent, utility, medical	Copy of each bill showing amount owed, period of services and provider
<input type="checkbox"/> Referral Drug/Alcohol Treatment Program	Statement from provider of Treatment
<input type="checkbox"/> Employment Service	Statement from employment service
<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"/> School Attendance You must prove who is in school	School records (current report card) Statement from school
<input type="checkbox"/> Other:	

DATE

TELEPHONE NUMBER

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DATE

TELEPHONE NUMBER

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