

**Department of Human Services
Verification Checklist**

_____ County Department of Family and Children Services

Name _____

Case Manager/Caseload: _____

Address _____

Case Number: _____

Date Mailed/Given: _____

The items checked below must be received by _____. **Without these items we may not be able to determine your eligibility. Your application or active case may be denied or closed, or certain members may not be eligible.** You may fax your information to: _____. If you cannot get the requested information or you need more time, contact your worker by phone at: _____ or by mail.

| Food Stamps | Medicaid | TANF | | Food Stamps | Medicaid | TANF | |
|-------------|----------|------|------------------------------------------------------------------------------------------|-------------|----------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | Check stubs or statement from employer for: Provide ____ stubs for the period of: | | | | Proof from the source of Social Security, SSI, Veterans or unemployment benefits, child support, worker's compensation or other income to household for: |
| | | | Proof of Citizenship/Alien Status for: | | | | Signed/dated statement(s) from person(s) giving, money, child support or other assistance to your household. |
| | | | Proof of Social Security number /application for number for: | | | | Other: (any verification required to determine eligibility) |
| | | | Proof of Identity for: | | | | |

Bring in or mail in proof of items checked below or we will not use the expense as a deduction in Food Stamps, and we may not be able to determine your eligibility for TANF or Medicaid.

| Food Stamps Only | Medicaid Only | TANF Only |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Current rent/mortgage payment | <input type="checkbox"/> Information about the absent parent (s) of: | <input type="checkbox"/> Information about the absent parent (s) of: |
| <input type="checkbox"/> Home owner's insurance and/or tax payment | <input type="checkbox"/> Proof of application for: | <input type="checkbox"/> Proof of application for: |
| <input type="checkbox"/> Current gas, electric, telephone, or other utility expenses | <input type="checkbox"/> Statement from physician or health provider to verify pregnancy and due date for: | <input type="checkbox"/> Statement from physician or health provider to verify pregnancy and due date for: |
| <input type="checkbox"/> Medical expenses (physician, travel, prescriptions, health insurance, premium, hospitalization) for: | <input type="checkbox"/> Medical expenses (physician, travel, prescriptions, health insurance, premium, hospitalization) for: | <input type="checkbox"/> Immunization Record for: |
| <input type="checkbox"/> Legal obligation of amount of child support due and paid for someone not in your home | <input type="checkbox"/> Declaration of Citizenship for: | <input type="checkbox"/> Legal obligation of amount of child support due and paid for someone not in your home |
| <input type="checkbox"/> Childcare expenses for: | <input type="checkbox"/> Proof of Other Health Insurance or Third Party Liability for: | <input type="checkbox"/> Childcare expenses for : |
| <input type="checkbox"/> Other: (Residency etc.) | <input type="checkbox"/> Other : | Other: (Proof of Prenatal Care, Current Bank Statement etc) |