

Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide: ONE of the following ↓ OR	TWO* of the following:
<input type="checkbox"/> Identity You must establish identity for each person listed.	<ul style="list-style-type: none"> • Photo I.D. • Driver's license • U.S. passport • Naturalization certificate • Hospital/Doctor's records • Adoption papers 	<ul style="list-style-type: none"> • Statement from another person • Birth/baptismal certificate • Validated Social Security Number (SSN)
<input type="checkbox"/> Marital Status You must prove if you are married, divorced, separated or widowed (not required for the Supplemental Nutrition Assistance Program [SNAP]).	<ul style="list-style-type: none"> • Marriage/Death certificates • Separation agreement • Divorce decree • Social Security records • Department of Veterans Affairs (VA) records 	<ul style="list-style-type: none"> • Statement from clergy • Census records • Newspaper notice • Statement from another person
<input type="checkbox"/> Relationship If you are related to a child in the household, you must prove the relationship.	<ul style="list-style-type: none"> • Birth certificate (long form) • Adoption papers/records • Court records • Medical records 	<ul style="list-style-type: none"> • Applicant's statement • Newspaper notice • Statement from clergy • Statement from another person
<input type="checkbox"/> Residence You must verify your place of residence (if applicable).	<ul style="list-style-type: none"> • Statement from landlord/primary tenant • Current rent receipt or lease • Mortgage records 	<ul style="list-style-type: none"> • Statement from another person • Current mail
<input type="checkbox"/> Household Composition/Size You must prove who is living with you. *At recertification only required for minors if questionable	<ul style="list-style-type: none"> • Statement from nonrelative landlord 	<ul style="list-style-type: none"> • Statements from other persons
<input type="checkbox"/> Age You must prove the age of each person applying for assistance, where appropriate.	<ul style="list-style-type: none"> • Birth certificate • Baptismal records/certificate • Hospital records • Adoption papers/records • Naturalization certificate • Driver's license 	<ul style="list-style-type: none"> • Insurance policy • Census records • Statement from another person • Physician statement • Official correspondence from Social Security Administration (SSA)
<input type="checkbox"/> Absence/Death of Parent(s) If the parent(s) of any child in your home is not living with you, you must prove this (not required for SNAP).	<ul style="list-style-type: none"> • Death certificate • Survivor's benefit records • Hospital records • VA or military records • Divorce papers • Proof of remarriage 	<ul style="list-style-type: none"> • Newspaper notice • Insurance company records • Institutional records • Agency case records and burial payment files • Statement from another person
<input type="checkbox"/> Absent Parent Information If the parent(s) of any child in your home is not living with you, you must provide information you have about the individual's: name, address, SSN, birth date, and employment (not required for SNAP).	<ul style="list-style-type: none"> • Pay stubs • Tax returns • Social Security or VA records • Monetary determination letters • ID cards (health insurance) • Driver's license or registration 	NA
<input type="checkbox"/> Social Security Number For Temporary Assistance, SNAP Benefits and Medical Assistance only , you do not have to provide proof of your SSN unless the SSN you give does not match the SSA's records or cannot be verified by the Agency.	<ul style="list-style-type: none"> • Social Security card • Official correspondence from SSA <p>A Social Security number is not required for non-citizens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance – only applicants who are pregnant.</p>	NA

*If you are applying for Supplementary Nutrition Assistance Program (SNAP) benefits or Medical Assistance **only**, you need to bring **one form for each Eligibility Factor checked**.

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<input type="checkbox"/> Citizenship or Current Immigration Status Status – U.S. citizens are eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Non-citizens must be in a satisfactory immigration status in order to be eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Non-citizens without an immigration status and temporary nonimmigrants are eligible only for the treatment of an emergency medical condition.	<ul style="list-style-type: none"> • Birth certificate • Baptismal certificate/records • Hospital records • U.S. passport • Military service records • Naturalization certificate • USCIS documentation (e.x., Green Card, Forms I-551, I-94, I-797, etc.) • Evidence of continuous U.S. residence since prior to 1/1/72
<input type="checkbox"/> Earned Income <input type="checkbox"/> From employer If you have recently lost your job, you do not have to submit verification of your income from employment.	<ul style="list-style-type: none"> • Current wage stubs and statements of tips • Pay envelopes • Contact with employer • On letterhead, rate of pay per hour, hours worked per week, first pay date, if new and employer's phone number
<input type="checkbox"/> From self-employment	<ul style="list-style-type: none"> • Business records • Tax records • Records and related materials concerning self-employment earnings and expenses • Current income tax return
<input type="checkbox"/> Income from rent or room/board	<ul style="list-style-type: none"> • Current contribution check • Statement from roomer, boarder, tenant • Income tax record
<input type="checkbox"/> Unearned Income <input type="checkbox"/> Child Support received from the non-custodial parent.	<ul style="list-style-type: none"> • Statement from Family Court • Statement from person paying support • Check stubs • Official correspondence from the Child Support Enforcement Unit
<input type="checkbox"/> Unemployment Insurance Benefits (UIB)	<ul style="list-style-type: none"> • Current award certificate • Official correspondence with New York State Department of Labor (including emails) • Screen shots or images of benefit statement from Department of Labor (must include identifying information like your name)
<input type="checkbox"/> Social Security benefits (including SSI)	<ul style="list-style-type: none"> • Current award certificate/letter • Current benefit check • Official correspondence from SSA
<input type="checkbox"/> Veteran's benefits	<ul style="list-style-type: none"> • Veterans Affairs official correspondence • Current award certificate/letter • Current benefit check
<input type="checkbox"/> Worker's Compensation	<ul style="list-style-type: none"> • Award certificate/letter • Check stub
<input type="checkbox"/> Education grants and loans	<ul style="list-style-type: none"> • Statement from school (including emails and screen shots) • Statement from bank (including emails and screen shots) • Statement from agency administering grant/award letter
<input type="checkbox"/> Interest/dividends/royalties	<ul style="list-style-type: none"> • Statement from bank or credit union (including emails and screen shots) • Statement from broker/financial institution/agent (including emails and screen shots)

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<p>Unearned Income (continued)</p> <p><input type="checkbox"/> Private pension/annuity</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Other unearned income</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> • Current award letter • Current benefit check • Official correspondence from source of income • Contact with source of income • Current contribution check <hr style="border-top: 1px dashed black;"/> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> Resources</p> <p>(For Medical Assistance only, resource information is not requested from pregnant women, children under the age of 19, and persons eligible for Family Health Plus.)</p> <p><input type="checkbox"/> Bank Accounts: Checking, savings, retirement (IRA and Keogh), credit union</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Stocks, bonds, certificates and mutual funds</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Life insurance</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Burial trust or fund, burial plot, or funeral agreement</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Income tax refund or Earned Income Tax Credit (EITC)</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Real estate other than residence</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Motor vehicle</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Lump sum payment</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Other resources</p>	<ul style="list-style-type: none"> • Current bank records (including screen shots or electronic statements) • Current credit card records (including screen shots or electronic statements) <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Stock/bond certificate • Statement from financial institution <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Insurance policy • Statement from insurance company <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Bank records • Burial agreement • Burial plot deed <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Refund of EITC check • Statement from tax office <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Deed • Statement from real estate broker • Broker's appraisal/estimate of current value by broker <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Registration (older models) • Title of ownership • Appraisal of current value by dealer • Financing data <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Statement from the source of payment • Lump sum check <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Statement from household • Statement from nursing home • Household statement of current value • Sales slips • Insurance appraisal

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<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.) You must submit proof of your shelter expenses, if you have any, even if you have not paid your rent Medical Assistance does not require documentation of shelter expenses.	<ul style="list-style-type: none"> • Current rent receipt/lease/mortgage book/records • Property and school tax records • Landlord statement • Sewer and water bills • Garbage/trash collection bills or receipts • Homeowner's insurance records • Fuel bills/shut-off notice • Nonheating utility bills • Telephone bills (or a statement from the household that the expense is incurred)
<input type="checkbox"/> Medical Expenses For SNAP, for aged/disabled individuals only	<ul style="list-style-type: none"> • Statement from provider of health insurance premiums • Copies of medical bills (paid and unpaid) • Medicare prescription drug card • Other proof of medical expenses that are not reimbursed (e.x., receipts from drug store, proof of payment for hearing aide, etc.)
<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.	<ul style="list-style-type: none"> • Insurance policy/card • Statement from provider of coverage • Medicare card • Separation or divorce agreement with court-ordered health coverage
<input type="checkbox"/> Disability/Incapacitation/Pregnancy If you or anyone living with you is sick or pregnant, you must provide proof. (For MA only, resource information is not requested from pregnant women, children, and persons eligible for Family Health Plus).	<ul style="list-style-type: none"> • Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth (a sonogram is not acceptable proof) • Statement from medical professional • Proof of SSA/SSI benefits for disability/blindness
<input type="checkbox"/> Unpaid Bills Rent, utility	<ul style="list-style-type: none"> • Copy of each bill showing amount owed, period of services, and provider of services
<input type="checkbox"/> Referral <input type="checkbox"/> Drug/alcohol treatment program <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Employment service	<ul style="list-style-type: none"> • Statement from provider of treatment • 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 the services of a home health aide or attendant.	<ul style="list-style-type: none"> • Court order • Statement from day care center or other child care provider • Statement from aide or attendant • Canceled checks or receipts
<input type="checkbox"/> School Attendance You must prove who is in school.	<ul style="list-style-type: none"> • School records (current report card) • Statement from school or higher education institution • Other proof of school attendance

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<input type="checkbox"/> Past Management (For Safety Net Assistance) <input type="checkbox"/> Earned Income	<ul style="list-style-type: none"> • Letter from employer giving dates of employment, amount earned and reason(s) for leaving • If your most recent employer is closed or no longer in business, please give us the employer's last known address and telephone number. You must sign the statement and date it for our records.
<input type="checkbox"/> Other (For cash assistance only)	If you were not supporting yourself from employment/earned income, please bring verification of how you were able to support yourself in the past such as: <ul style="list-style-type: none"> • Bankbook/bank statement • Verification of expiration of benefits, including emails and screen shots (workers' compensation, disability, Social Security, UIB, etc.) • Statement from person(s) who provided support
<input type="checkbox"/> Potential Benefits	Statement from person(s) who provided support <ul style="list-style-type: none"> • If you or anyone in the household has applied for and been denied or has been accepted for benefits from any of the following sources, bring the award letter, check or other correspondence: Social Security, court payments, SSI, veteran's benefits, workers' compensation, union benefits, pension, military allotment, railroad retirement, NYS disability or other source
<input type="checkbox"/> Other	