# Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

<table>
<thead>
<tr>
<th>Eligibility Factor</th>
<th>To prove this factor, provide: ONE of the following [ ] OR TWO* of the following:</th>
<th>TWO* of the following:</th>
</tr>
</thead>
</table>
| **Identity**       | You must establish identity for each person listed applying for assistance | • Photo I.D.  
• Driver’s license  
• U.S. passport  
• Naturalization certificate  
• Hospital/Doctor’s records  
• Adoption papers | • Statement from another person  
• Birth/baptismal certificate  
• Validated Social Security Number (SSN) |
| **Marital Status** | If you are married, divorced, separated, or widowed, you must submit documentation | • Marriage/Death certificates  
• Separation agreement  
• Divorce decree  
• Social Security records  
• Veterans Administration (VA) records | • Statement from clergy  
• Census records  
• Newspaper notice  
• Statement from another person |
| **Relationship**   | If you are related to a child in the household, you must prove the relationship | • Birth certificate (long form)  
• Adoption papers/records  
• Court records  
• Medical records | • Applicant’s statement  
• Newspaper notice  
• Statement from clergy  
• Statement from another person |
| **Residence**      | You must verify your place of residence (if applicable) | • Statement from landlord/primary tenant  
• Current rent receipt or lease  
• Mortgage records | • Statement from another person  
• Current mail |
| **Household Composition/Size** | If you are applying for assistance for yourself and others, you must verify who is living with you | • Statement from nonrelative landlord or primary tenant (for example a roommate) | • Statements from other persons |
| **Age**            | You must prove the age of each person applying for assistance, where appropriate | • Birth certificate  
• Baptismal records/certificate  
• Hospital records  
• Adoption papers/records  
• Naturalization certificate  
• Driver’s license | • Insurance policy  
• Census records  
• Statement from another person  
• Physician statement  
• Official correspondence from Social Security Administration (SSA) |
| **Absence/Death of Parent(s)** | If the parent(s) of any child in your home is not living with you, you must prove this or give us a written statement of their whereabouts/death | • Death certificate  
• Survivor’s benefit records  
• 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** | 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 | Examples of the type of information about the absent parent you may provide are:  
• Pay stubs  
• Tax returns  
• Social Security or VA records  
• Monetary determination letters  
• ID cards (health insurance)  
• Driver’s license or registration  
If you do not have this documentation you may have to speak to a representative from the Office of Child Support Services at a later date | 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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| **Social Security Number**  
For Cash 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 | - Social Security card  
- Official correspondence from SSA  
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. |
| **Citizenship or Current Immigration Status**  
Status – U.S. citizens are eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Aliens must be in 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. Undocumented immigrants and temporary nonimmigrants are eligible only for the treatment of an emergency medical condition | - Birth certificate  
- Baptismal certificate/records  
- 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  
If you have recently loss your job, you do not have to submit verification of your income from employment. | - 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  
- If you stopped working, a signed statement, from you, with the name and contact information of your former employer/place of business |
| - From self-employment | - Business records  
- Tax records  
- Records and related materials concerning self-employment earnings and expenses  
- 2018 (or 2019 if you have already filed) income tax return |
| Income from rent or room/board | - Current contribution check  
- Statement from roomer, boarder, tenant  
- Income tax record |
| **Unearned Income**  
- Child Support Received from the Non-Custodial Parent | - Statement from Family Court  
- Statement from person paying support  
- Check stubs  
- Official correspondence from the Child Support Enforcement Unit |
| - Unemployment Insurance Benefits (UIB)  
If you have filed an application for UIB but have not received a payment yet, you do not have to submit proof | - Current award certificate  
- Official correspondence with New York State Department of Labor  
- Screen shots or images of benefit statement from Department of Labor |
| - Social Security benefits (including SSI) | - Current award certificate/letter  
- Current benefit check  
- Official correspondence from SSA |
| - Veteran’s benefits | - Veterans Administration official correspondence  
- Current award certificate/letter  
- Current benefit check |
| - Worker’s Compensation | - Award certificate/letter  
- Check stub |
| - Education grants and loans | - Statement from school  
- Statement from bank |
| - Interest/dividends/royalties | - Statement from agency administering grant/award letter  
- Statement from bank or credit union  
- Statement from broker/financial institution/agent |

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<tbody>
<tr>
<td><strong>Unearned Income</strong> (continued)</td>
<td></td>
</tr>
</tbody>
</table>
| □ Private pension/annuity | • Current award letter  
• Current benefit check  
• Official correspondence from source of income  
• Contact with source of income  
• Current contribution check |
| □ Other unearned income | |

**Resources**  
(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.)

| □ Bank Accounts: Checking, savings, retirement (IRA and Keogh), credit union | |
| □ Stocks, bonds, certificates and mutual funds | • Stock/bond certificate  
• Statement from financial institution |
| □ Life insurance | • Insurance policy  
• Statement from insurance company |
| □ Burial trust or fund, burial plot or funeral agreement | • Bank records  
• Burial agreement  
• Burial plot deed |
| □ Income tax refund or Earned Income Tax Credit (EITC) | • Refund of EITC check  
• Statement from tax office |
| □ Real estate other than residence | • Deed  
• Statement from real estate broker  
• Broker’s appraisal/estimate of current value by broker |
| □ Motor vehicle | • Registration (older models)  
• Title of ownership  
• Appraisal of current value by dealer  
• Financing data |
| □ Lump sum payment | • Statement from the source of payment  
• Lump sum check |
| □ Other resources | • Statement from household  
• Statement from nursing home  
• Household statement of current value  
• Sales slips  
• Insurance appraisal |

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<tr>
<td>☐ Shelter Expenses</td>
<td>- Current rent receipt/lease/mortgage book/records</td>
</tr>
<tr>
<td></td>
<td>- Property and school tax records</td>
</tr>
<tr>
<td></td>
<td>- Landlord statement</td>
</tr>
<tr>
<td></td>
<td>- Sewer and water bills</td>
</tr>
<tr>
<td></td>
<td>- Garbage/trash collection bills or receipts</td>
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<tr>
<td></td>
<td>- Homeowner’s insurance records</td>
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<tr>
<td></td>
<td>- Fuel bills/shut-off notice</td>
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<tr>
<td></td>
<td>- Non-heating utility bills</td>
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<tr>
<td></td>
<td>- Telephone bills (or a statement from the household that the expense is incurred)</td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>You must submit proof of your shelter expenses even if you have not paid your rent</td>
<td></td>
</tr>
<tr>
<td>Medical Assistance does not require documentation of shelter expenses.</td>
<td></td>
</tr>
<tr>
<td>☐ Medical Expenses</td>
<td>- Statement from provider of health insurance premiums</td>
</tr>
<tr>
<td></td>
<td>- Copies of medical bills (paid and unpaid)</td>
</tr>
<tr>
<td></td>
<td>- Medicare prescription drug card</td>
</tr>
<tr>
<td>You only need to submit verification of your unreimbursed medical expenses if you are aged/disabled and are also applying for SNAP</td>
<td></td>
</tr>
<tr>
<td>☐ Health Insurance</td>
<td>- Insurance policy/card</td>
</tr>
<tr>
<td></td>
<td>- Statement from provider of coverage</td>
</tr>
<tr>
<td></td>
<td>- Medicare card</td>
</tr>
<tr>
<td></td>
<td>- Separation or divorce agreement with court-ordered health coverage</td>
</tr>
<tr>
<td>If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this</td>
<td></td>
</tr>
<tr>
<td>☐ Disabled/Incapacitated/Pregnant</td>
<td>- Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth</td>
</tr>
<tr>
<td>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)</td>
<td></td>
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<tr>
<td></td>
<td>- Statement from medical professional</td>
</tr>
<tr>
<td></td>
<td>- Proof of SSA/SSI benefits for disability/blindness</td>
</tr>
<tr>
<td>☐ Unpaid Bills</td>
<td>- Copy of each bill showing amount owed, period of service and provider services and</td>
</tr>
<tr>
<td>Please submit proof of any unpaid rent or utility bills in your name</td>
<td></td>
</tr>
<tr>
<td>☐ Other Expenses/Dependent Care Cost</td>
<td>- Court order</td>
</tr>
<tr>
<td>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</td>
<td></td>
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<tr>
<td></td>
<td>- Statement from day care center or other child care provider</td>
</tr>
<tr>
<td></td>
<td>- Statement from aide or attendant</td>
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<tr>
<td></td>
<td>- Canceled checks or receipts</td>
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| Past Management (how did you support yourself before coming to apply for Cash Assistance) | - 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. |
| Earned Income                                                                     |                                                                                                                      |
| 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: |
|                                                                                  | - Bankbook/bank statement  
- Verification of expiration of benefits (workers’ compensation, disability, Social Security, UIB, etc.)  
- Statement from person(s) who provided support                                    |
| Potential Benefits                                                                | Statement from person(s) who provided support  
- 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 |
| Other                                                                             |                                                                                                                      |