

**DOCUMENTATION RECEIPT****TEMPORARY ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), MEDICAID  
AND/OR CHILD HEALTH PLUS A**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Case No. : \_\_\_\_\_

Time: \_\_\_\_\_

Receptionist's Initials: \_\_\_\_\_

PLEASE CHECK SUBMITTED ITEMS BELOW

<b><u>IDENTITY/DATE OF BIRTH</u></b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> Adoption Papers <input type="checkbox"/> Passport	<b><u>RESIDENCY</u></b> <input type="checkbox"/> ID Card with Address <input type="checkbox"/> Driver's License <input type="checkbox"/> Recent Utility Bill <input type="checkbox"/> Property Tax/Mortgage Statement <input type="checkbox"/> Letter/Statement/Rent Receipt with home address from landlord
<b><u>CITIZENSHIP AND ALIEN STATUS</u></b> <input type="checkbox"/> Citizenship Papers <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> USCIS Documentation/Correspondence	<b><u>MEDICAL/HEALTH INSURANCE INFORMATION</u></b> <input type="checkbox"/> Medical Records <input type="checkbox"/> Pregnancy Statement <input type="checkbox"/> Health Insurance Policy/Card/Letter
<b><u>EARNED INCOME</u></b> <input type="checkbox"/> Wage Stubs or Job Information <input type="checkbox"/> Income Tax Return	<b><u>UNEARNED INCOME</u></b> <input type="checkbox"/> U.I.B. Book <input type="checkbox"/> Veterans Administration Papers <input type="checkbox"/> Social Security Papers (SSI/Social Security Benefit Check; Award/Other Letter) <input type="checkbox"/> Family Court Petition <input type="checkbox"/> Separation/Divorce Papers <input type="checkbox"/> Support Check Stub
<b><u>ASSETS</u></b> <input type="checkbox"/> Life Insurance Policies <input type="checkbox"/> Auto Registration (Boat; Truck) <input type="checkbox"/> Auto Title <input type="checkbox"/> Checking Account Statement <input type="checkbox"/> Savings Account Statement <input type="checkbox"/> Deed to Property	<b><u>OTHER</u></b> <input type="checkbox"/> Social Security Card <input type="checkbox"/> Death Certificate <input type="checkbox"/> Disability Statement <input type="checkbox"/> Dependent Care Costs Statement <input type="checkbox"/> Unpaid Bills – Utility, Medical, Rent
<b><u>MAIL- IN RECERTIFICATION</u></b> <input type="checkbox"/> RECEIVED	

**TA & SNAP DOCUMENTS (ONLY)**

<b><u>HOUSEHOLD COMPOSITION</u></b> <input type="checkbox"/> Landlord Form <input type="checkbox"/> Statement from a Third Party <input type="checkbox"/> School Statement	<b><u>EMERGENCY</u></b> <input type="checkbox"/> Eviction Papers <input type="checkbox"/> Shut Off – Gas, Electric
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Desk Instructions: **Copy Client, attach Copy with Documentation and send to Worker; Copy at Desk**

WORKER NAME:	OFFICE:	UNIT:	WORKER ID:	TELEPHONE NO.:
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