

TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK GUIDE

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY	SECONDARY	TA	SNAP	ELIGIBILITY FACTOR	PRIMARY
M	M	Identity	Photo I.D. Driver's License US Passport Naturalization Certificate Hospital/Doctor's Records Adoption Papers For SNAP – Identity is only mandatory for the person making the application.	Statement from Another Person Social Security Number Birth/Baptismal Certificate SOLQ For SNAP - In the case of an authorized representative, both the auth rep and applicant must verify Identity.	M	N	Absent Parent Information	Pay Stubs Tax Returns Social Security or VA Records Unemployment (UIB) Book ID Cards (Health Insurance) Driver's License or Registration
M	N	Marital Status	Marriage/Death Certificates Separation Agreement Divorce Decree Social Security Records VA Records	Statement from Clergy Census Records Newspaper Notice Statement from Another Person	M	M*	Social Security Number	Social Security Card Official Correspondence from SSA For TA and SNAP , provided or apply for # at certification; must verify at first recertification unless validated by WMS SOLQ
M	M*	Residence	Statement from Landlord Current Rent Receipt or Lease Mortgage Records For SNAP - Residence is verified at a household level	Statement from Another Person Current Mail School Records Fuel/Utility bill	M M	Q M	Citizenship Non-Citizen Status	Birth/Baptismal Certificate Hospital Records US Passport Military Service Records Naturalization Certificate USCIS Documentation Evidence of Continuous US Residence since Prior to 1/1/72 For TA and SNAP , non-citizen status is verified on an individual basis For SNAP Only , citizenship is verified only if questionable and is only required for household members who are applying for SNAP
M	Q*	Household Composition/Size	Statement from Non-relative Landlord	Statement from Other Persons	M	M*	Earned Income	Current Wage Stubs and Statement of Tips Pay Envelopes Contact with Employer Business Records Records and Related Materials Concerning Self-Employment Earnings and Expenses Current Income Tax Return Statement from Roomer, Boarder, Tenant Income Tax Records
M	M*	Age	Birth Certificate Baptismal Certificate Hospital Records Adoption Records Naturalization Certificate Driver's License For SNAP Only , DOB can be Verified at Recertification	Insurance Policy Census Records School Records Statement from Another Person Physician Statement Official Correspondence from SSA	M	M*	Unearned Income	Statement from Family Court Statement from Person Paying Statement from School Statement from Bank or Credit Union Statement from Broker/Agent Support Check stubs Current Award Certificate Current Benefit Check Official Correspondence with NYS Dept. of Labor Official Correspondence from SSA Official Correspondence from VA Official Correspondence from source of income Award Letter
M	N	Absent Parent	Death Certificate Survivor's Benefits Hospital Records VA or Military Records Divorce Papers Proof of Remarriage	Newspaper Notice/News Media Outlet Insurance Company Records Institutional Records Agency Case Records and Burial Payment Lines Statement from a Non-Relative				

LEGEND: M = Mandatory Documentation/Verification required for Certification
 O = Optional Documentation/Verification (may be necessary for TA and/or SNAP eligibility or benefit amount.)
 * = Verification can be pending under SNAP Expedited Processing
 N = No Documentation/Verification required
 Q = Verification is Only Necessary if Questionable

TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK AID

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY	EXPENSES THAT MAY AFFECT ELIGIBILITY OR BENEFIT AMOUNT			
M	M*	Resources	Statement from household	O	O*	Shelter Expenses	Current rent receipt
			Statement from nursing home				Current lease
			Current bank records				Mortgage book/records
			Current credit union records				Property and school tax records
			Stock certificate				Landlord statement
			Bonds				Sewer and water bills
Statement from financial institution	Homeowner's insurance records						
Insurance policy	Fuel bills						
Statement from insurance company	Non-heating utility bills						
Burial agreement	Telephone bills						
Burial plot deed							
Statement from funeral director							
Refund or EITC check							Copies of medical bills (paid and unpaid)
Statement from tax office							Provider Statement of Health Insurance premiums
Deed							Medicare Prescription Drug Card
Statement from real estate broker							For SNAP , for A/D individuals only
Appraisal/estimate of current value by broker							
Title of ownership							
Registration (older models)							
Appraisal of current value by dealer							
Financing data							
Statement from source of payment							
M	O*	Health Insurance	Insurance policy				
			Insurance card				
			Statement from provider of coverage				
			Medicare card				
M	O*	Disabled/Incapacitated/Pregnant	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				
M	M*	Able-Bodied Adult Without Dependents (ABAWD) Eligibility	For non-waiver areas and non-excluded ABAWD individuals				
			Proof of working and/or work program participation for at least 80 hours per month				
			Check Time Limit Tracking Menu (#17 on WMS menu) for 3 or more months of FS receipt in past 36 months without meeting ABAWD work requirement				
M	O*	Referral	Statement from provider of treatment				
			Statement from employment service				
O	O*	School Attendance	School records (current report card)				
			Statement from school				
			For SNAP , affects work registration and earnings of children under 18				

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O	O*	Shelter Expenses	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
O	O*	Medical Bills	Copies of medical bills (paid and unpaid) Provider Statement of Health Insurance premiums Medicare Prescription Drug Card For SNAP , for A/D individuals only
O	O*	Unpaid Bills Rent, Utility	Copy of each bill showing amount owed, period of services and provider
O	O*	Other Expenses Dependent Care Cost	Court order Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts

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