

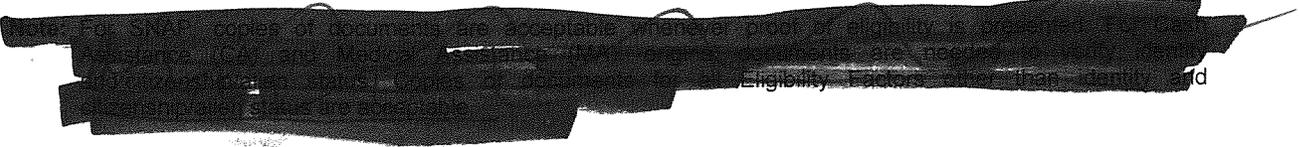
## Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide: <b>ONE of the following ↓ OR</b>	<b>TWO* of the following:</b>
<input type="checkbox"/> <b>Identity</b> You must establish identity for each person listed.	<ul style="list-style-type: none"> <li>• Photo I.D.</li> <li>• Driver's license</li> <li>• U.S. passport</li> <li>• Naturalization certificate</li> <li>• Hospital/Doctor's records</li> <li>• Adoption papers</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Birth/baptismal certificate</li> <li>• Validated Social Security Number (SSN)</li> </ul>
<input type="checkbox"/> <b>Marital Status</b> 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"> <li>• Marriage/Death certificates</li> <li>• Separation agreement</li> <li>• Divorce decree</li> <li>• Social Security records</li> <li>• Veterans Administration (VA) records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from clergy</li> <li>• Census records</li> <li>• Newspaper notice</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Relationship</b> If you are related to a child in the household, you must prove the relationship.	<ul style="list-style-type: none"> <li>• Birth certificate (long form)</li> <li>• Adoption papers/records</li> <li>• Court records</li> <li>• Medical records</li> </ul>	<ul style="list-style-type: none"> <li>• Applicant's statement</li> <li>• Newspaper notice</li> <li>• Statement from clergy</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Residence</b> You must verify your place of residence (if applicable).	<ul style="list-style-type: none"> <li>• Statement from landlord/primary tenant</li> <li>• Current rent receipt or lease</li> <li>• Mortgage records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Current mail</li> <li>• School records</li> </ul>
<input type="checkbox"/> <b>Household Composition/Size</b> You must prove who is living with you.	<ul style="list-style-type: none"> <li>• Statement from nonrelative landlord</li> <li>• School records</li> </ul>	<ul style="list-style-type: none"> <li>• Statements from other persons</li> </ul>
<input type="checkbox"/> <b>Age</b> You must prove the age of each person applying for assistance, where appropriate.	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Baptismal records/certificate</li> <li>• Hospital records</li> <li>• Adoption papers/records</li> <li>• Naturalization certificate</li> <li>• Driver's license</li> </ul>	<ul style="list-style-type: none"> <li>• Insurance policy</li> <li>• Census records</li> <li>• School records</li> <li>• Statement from another person</li> <li>• Physician statement</li> <li>• Official correspondence from Social Security Administration (SSA)</li> </ul>
<input type="checkbox"/> <b>Absence/Death of Parent(s)</b> 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"> <li>• Death certificate</li> <li>• Survivor's benefit records</li> <li>• Hospital records</li> <li>• VA or military records</li> <li>• Divorce papers</li> <li>• Proof of remarriage</li> </ul>	<ul style="list-style-type: none"> <li>• Newspaper notice</li> <li>• Insurance company records</li> <li>• Institutional records</li> <li>• Agency case records and burial payment files</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Absent Parent Information</b> 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"> <li>• Pay stubs</li> <li>• Tax returns</li> <li>• Social Security or VA records</li> <li>• Monetary determination letters</li> <li>• ID cards (health insurance)</li> <li>• Driver's license or registration</li> </ul>	NA
<input type="checkbox"/> <b>Social Security Number</b> For Temporary Assistance, SNAP Benefits and Medical Assistance <b>only</b> , you do <b>not</b> 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"> <li>• Social Security card</li> <li>• Official correspondence from SSA</li> </ul> <p>A Social Security number is not required for aliens 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 the SNAP Benefits or Medical Assistance **only**, you need to bring **one form for each Eligibility Factor checked**.



Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Citizenship or Current Alien Status</b> <b>Status</b> – 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 <b>not</b> 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.	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Baptismal certificate/records</li> <li>• Hospital records</li> <li>• U.S. passport</li> <li>• Military service records</li> <li>• Naturalization certificate</li> <li>• USCIS documentation</li> <li>• Evidence of continuous U.S. residence since prior to 1/1/72</li> </ul>
<input type="checkbox"/> <b>Earned Income</b>  <input type="checkbox"/> From employer  <input type="checkbox"/> From self-employment  <input type="checkbox"/> Income from rent or room/board	<ul style="list-style-type: none"> <li>• Current wage stubs and statements of tips</li> <li>• Pay envelopes</li> <li>• Contact with employer</li> <li>• On letterhead, rate of pay per hour, hours worked per week, first pay date, if new and employer's phone number</li> <li>• Business records</li> <li>• Tax records</li> <li>• Records and related materials concerning self-employment earnings and expenses</li> <li>• Current income tax return</li> <li>• Current contribution check</li> <li>• Statement from roomer, boarder, tenant</li> <li>• Income tax record</li> </ul>
<input type="checkbox"/> <b>Unearned Income</b>  <input type="checkbox"/> Child Support  <input type="checkbox"/> Unemployment Insurance Benefits (UIB)  <input type="checkbox"/> Social Security benefits (including SSI)  <input type="checkbox"/> Veteran's benefits  <input type="checkbox"/> Worker's Compensation  <input type="checkbox"/> Education grants and loans  <input type="checkbox"/> Interest/dividends/royalties  <input type="checkbox"/> Private pension/annuity	<ul style="list-style-type: none"> <li>• Statement from Family Court</li> <li>• Statement from person paying support</li> <li>• Check stubs</li> <li>• Official correspondence from the Child Support Enforcement Unit</li> <li>• Current award certificate</li> <li>• Official correspondence with New York State Department of Labor</li> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> <li>• Official correspondence from SSA</li> <li>• Veterans Administration official correspondence</li> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> <li>• Award certificate/letter</li> <li>• Check stub</li> <li>• Statement from school</li> <li>• Statement from bank</li> <li>• Statement from agency administering grant/award letter</li> <li>• Statement from bank or credit union</li> <li>• Statement from broker/financial institution/agent</li> <li>• Current award letter</li> <li>• Current benefit check</li> <li>• Official correspondence from source of income</li> <li>• Contact with source of income</li> <li>• Current contribution check</li> </ul>



Eligibility Factor	To prove this factor, provide ONE of the following:
<p><b>Unearned Income continued</b></p> <p><input type="checkbox"/> Other unearned income</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p><input type="checkbox"/> <b>Resources</b> (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> <p><input type="checkbox"/> Stocks, bonds, certificates and mutual funds</p> <p><input type="checkbox"/> Life insurance</p> <p><input type="checkbox"/> Burial trust or fund, burial plot or funeral agreement</p> <p><input type="checkbox"/> Income tax refund or Earned Income Tax Credit (EITC)</p> <p><input type="checkbox"/> Real estate other than residence</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Lump sum payment</p> <p><input type="checkbox"/> Other resources</p>	<ul style="list-style-type: none"> <li>• Statement from household</li> <li>• Statement from nursing home</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Current bank records</li> <li>• Current credit card records</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Stock/bond certificate</li> <li>• Statement from financial institution</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Insurance policy</li> <li>• Statement from insurance company</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Bank records</li> <li>• Burial agreement</li> <li>• Burial plot deed</li> <li>• Statement from funeral director</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Refund of EITC check</li> <li>• Statement from tax office</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Deed</li> <li>• Statement from real estate broker</li> <li>• Broker's appraisal/estimate of current value by broker</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Registration (older models)</li> <li>• Title of ownership</li> <li>• Appraisal of current value by dealer</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Financing data</li> <li>• Statement from the source of payment</li> <li>• Lump sum check</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Household statement of current value</li> <li>• Sales slips</li> <li>• Insurance appraisal</li> </ul>
<p><input type="checkbox"/> <b>Shelter Expenses</b> 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.) <b>Medical Assistance does not require documentation of shelter expenses.</b></p>	<ul style="list-style-type: none"> <li>• Current rent receipt/lease/mortgage book/records</li> <li>• Property and school tax records</li> <li>• Landlord statement</li> <li>• Sewer and water bills</li> <li>• Garbage/trash collection bills or receipts</li> <li>• Homeowner's insurance records</li> <li>• Fuel bills/shut-off notice</li> <li>• Nonheating utility bills</li> <li>• Telephone bills (or a statement from the household that the expense is incurred)</li> </ul>
<p><input type="checkbox"/> <b>Medical Expenses</b> For SNAP, for aged/disabled individuals only</p>	<ul style="list-style-type: none"> <li>• Statement from provider of health insurance premiums</li> <li>• Copies of medical bills (paid and unpaid)</li> <li>• Medicare prescription drug card</li> </ul>



Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Health Insurance</b> 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"> <li>• Insurance policy/card</li> <li>• Statement from provider of coverage</li> <li>• Medicare card</li> <li>• Separation or divorce agreement with court-ordered health coverage</li> </ul>
<input type="checkbox"/> <b>Disabled/Incapacitated/Pregnant</b> 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"> <li>• Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth</li> <li>• Statement from medical professional</li> <li>• Proof of SSA/SSI benefits for disability/blindness</li> </ul>
<input type="checkbox"/> <b>Unpaid Bills</b> Rent, utility	<ul style="list-style-type: none"> <li>• Copy of each bill showing amount owed, period of services and provider</li> </ul>
<input type="checkbox"/> <b>Referral</b> Drug/alcohol treatment program <input type="checkbox"/> Employment service	<ul style="list-style-type: none"> <li>• Statement from provider of treatment</li> <li>• Statement from employment service</li> </ul>
<input type="checkbox"/> <b>Other Expenses/Dependent Care Cost</b> 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"> <li>• Court order</li> <li>• Statement from day care center or other child care provider</li> <li>• Statement from aide or attendant</li> <li>• Canceled checks or receipts</li> </ul>
<input type="checkbox"/> <b>School Attendance</b> You must prove who is in school.	<ul style="list-style-type: none"> <li>• School records (current report card)</li> <li>• Statement from school or higher education institution</li> </ul>
<input type="checkbox"/> <b>Past Management</b> (For Safety Net Assistance)  <input type="checkbox"/> Earned Income  <input type="checkbox"/> Other (For cash assistance only)	<ul style="list-style-type: none"> <li>• Letter from employer giving dates of employment, amount earned and reason(s) for leaving</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>• Bankbook/bank statement</li> <li>• Verification of expiration of benefits (workers' compensation, disability, Social Security, UIB, etc.)</li> <li>• Statement from person(s) who provided support</li> </ul>
<input type="checkbox"/> <b>Potential Benefits</b>	Statement from person(s) who provided support <ul style="list-style-type: none"> <li>• 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</li> </ul>
<input type="checkbox"/> <b>Other</b>	



**Note:** For SNAP, copies of documents are acceptable whenever proof of eligibility is presented. ~~For Cash Assistance (CASH) and Medical Assistance (MA), original documents are required.~~ ~~Original documents are required for all other factors.~~ Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.