### Eligibility Factors and Suggested Documentation Guide

<table>
<thead>
<tr>
<th>Eligibility Factor</th>
<th>To prove this factor, provide: ONE of the following OR</th>
<th>TWO* of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Identity</td>
<td>- Photo I.D.</td>
<td>- Statement from another person</td>
</tr>
<tr>
<td></td>
<td>- Driver’s license</td>
<td>- Birth/baptismal certificate</td>
</tr>
<tr>
<td></td>
<td>- U.S. passport</td>
<td>- Validated Social Security Number (SSN)</td>
</tr>
<tr>
<td></td>
<td>- Naturalization certificate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Hospital/Doctor’s records</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Adoption papers</td>
<td></td>
</tr>
<tr>
<td>☐ Marital Status</td>
<td>- Separation agreement</td>
<td>- Census records</td>
</tr>
<tr>
<td></td>
<td>- Divorce decree</td>
<td>- Newspaper notice</td>
</tr>
<tr>
<td></td>
<td>- Social Security records</td>
<td>- Statement from another person</td>
</tr>
<tr>
<td></td>
<td>- Veterans Administration (VA) records</td>
<td></td>
</tr>
<tr>
<td>☐ Relationship</td>
<td>- Birth certificate (long form)</td>
<td>- Applicant’s statement</td>
</tr>
<tr>
<td>If you are related to a child in the household, you must prove the relationship.</td>
<td>- Adoption papers/records</td>
<td>- Statement from clergy</td>
</tr>
<tr>
<td></td>
<td>- Court records</td>
<td>- Statement from another person</td>
</tr>
<tr>
<td></td>
<td>- Medical records</td>
<td></td>
</tr>
<tr>
<td>☐ Residence</td>
<td>- Statement from landlord/primary tenant</td>
<td>- Statement from another person</td>
</tr>
<tr>
<td>You must verify your place of residence (if applicable).</td>
<td>- Current rent receipt or lease</td>
<td>- Current mail</td>
</tr>
<tr>
<td></td>
<td>- Mortgage records</td>
<td>- School records</td>
</tr>
<tr>
<td>☐ Household Composition/Size</td>
<td>- Statement from nonrelative landlord</td>
<td>- Statements from other persons</td>
</tr>
<tr>
<td>You must prove who is living with you.</td>
<td>- School records</td>
<td></td>
</tr>
<tr>
<td>☐ Age</td>
<td>- Birth certificate</td>
<td>- Insurance policy</td>
</tr>
<tr>
<td>You must prove the age of each person applying for assistance, where appropriate.</td>
<td>- Baptismal records/certificate</td>
<td>- Census records</td>
</tr>
<tr>
<td></td>
<td>- Hospital records</td>
<td>- School records</td>
</tr>
<tr>
<td></td>
<td>- Adoption papers/records</td>
<td>- Statement from another person</td>
</tr>
<tr>
<td></td>
<td>- Naturalization certificate</td>
<td>- Physician statement</td>
</tr>
<tr>
<td></td>
<td>- Driver’s license</td>
<td>- Official correspondence from Social Security Administration (SSA)</td>
</tr>
<tr>
<td>☐ Absence/Death of Parent(s)</td>
<td>- Death certificate</td>
<td>- Newspaper notice</td>
</tr>
<tr>
<td>If the parent(s) of any child in your home is not living with you, you must prove this (not required for SNAP).</td>
<td>- Survivor’s benefit records</td>
<td>- Insurance company records</td>
</tr>
<tr>
<td></td>
<td>- Hospital records</td>
<td>- Institutional records</td>
</tr>
<tr>
<td></td>
<td>- VA or military records</td>
<td>- Agency case records and burial payment files</td>
</tr>
<tr>
<td></td>
<td>- Divorce papers</td>
<td>- Statement from another person</td>
</tr>
<tr>
<td></td>
<td>- Proof of remarriage</td>
<td></td>
</tr>
<tr>
<td>☐ Absent Parent Information</td>
<td>- Pay stubs</td>
<td>NA</td>
</tr>
<tr>
<td>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).</td>
<td>- Tax returns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Social Security or VA records</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Monetary determination letters</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- ID cards (health insurance)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Driver’s license registration</td>
<td></td>
</tr>
<tr>
<td>☐ Social Security Number</td>
<td>- Social Security card</td>
<td>NA</td>
</tr>
<tr>
<td>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.</td>
<td>- Official correspondence from SSA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

*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.

**Note:** For SNAP, copies of documents are acceptable whenever proof of eligibility is presented. For Cash Assistance (CA) and Medical Assistance (MA), original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.
Eligibility Factors and Suggested Documentation Guide

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<tr>
<th>Eligibility Factor</th>
<th>To prove this factor, provide ONE of the following:</th>
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| Citizenship or Current Alien Status | - 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  
  - 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  
- From self-employment  
  - Business records  
  - Tax records  
  - Records and related materials concerning self-employment earnings and expenses  
  - Current income tax return |
| Income from rent or room/board |  
- Current contribution check  
- Statement from roomer, boarder, tenant  
- Income tax record |
| Unearned Income |  
- Child Support  
  - Statement from Family Court  
  - Statement from person paying support  
  - Check stubs  
  - Official correspondence from the Child Support Enforcement Unit  
- Unemployment Insurance Benefits (UIB)  
  - Current award certificate  
  - Official correspondence with New York State 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  
  - Statement from agency administering grant/award letter  
- Interest/dividends/royalties  
  - Statement from bank or credit union  
  - Statement from broker/financial institution/agent |

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<th>To prove this factor, provide ONE of the following:</th>
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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 | • Current bank records  
 • Current credit card records |
| ☐ 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><strong>Shelter Expenses</strong></td>
<td>- Current rent receipt/lease/mortgage book/records</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.) Medical Assistance does not require documentation of shelter expenses.</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>
</tr>
<tr>
<td></td>
<td>- Homeowner’s insurance records</td>
</tr>
<tr>
<td></td>
<td>- Fuel bills/shut-off notice</td>
</tr>
<tr>
<td></td>
<td>- Nonheating utility bills</td>
</tr>
<tr>
<td></td>
<td>- Telephone bills (or a statement from the household that the expense is incurred)</td>
</tr>
<tr>
<td><strong>Medical Expenses</strong></td>
<td>- Statement from provider of health insurance premiums</td>
</tr>
<tr>
<td>For SNAP, for aged/disabled individuals only</td>
<td>- Copies of medical bills (paid and unpaid)</td>
</tr>
<tr>
<td></td>
<td>- Medicare prescription drug card</td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
<td>- Insurance policy/card</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>- 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><strong>Disabled/Incapacitated/Pregnant</strong></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>- Statement from medical professional</td>
</tr>
<tr>
<td></td>
<td>- Proof of SSA/SSI benefits for disability/blindness</td>
</tr>
<tr>
<td><strong>Unpaid Bills</strong></td>
<td>- Copy of each bill showing amount owed, period of services and provider</td>
</tr>
<tr>
<td>Rent, utility</td>
<td></td>
</tr>
<tr>
<td><strong>Referral</strong></td>
<td>- Statement from provider of treatment</td>
</tr>
<tr>
<td></td>
<td>- Statement from employment service</td>
</tr>
<tr>
<td><strong>Other Expenses/Dependent Care Cost</strong></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>- Statement from day care center or other child care provider</td>
</tr>
<tr>
<td></td>
<td>- Statement from aide or attendant</td>
</tr>
<tr>
<td></td>
<td>- Canceled checks or receipts</td>
</tr>
<tr>
<td><strong>School Attendance</strong></td>
<td>- School records (current report card)</td>
</tr>
<tr>
<td>You must prove who is in school.</td>
<td>- Statement from school or higher education institution</td>
</tr>
</tbody>
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<th>To prove this factor, provide ONE of the following:</th>
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</thead>
<tbody>
<tr>
<td>☐ Past Management</td>
<td>• Letter from employer giving dates of employment, amount earned and reason(s) for leaving</td>
</tr>
<tr>
<td>(For Safety Net Assistance)</td>
<td></td>
</tr>
<tr>
<td>☐ Earned Income</td>
<td></td>
</tr>
<tr>
<td>☐ Other</td>
<td>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:</td>
</tr>
<tr>
<td>(For cash assistance only)</td>
<td>• Bankbook/bank statement</td>
</tr>
<tr>
<td></td>
<td>• Verification of expiration of benefits (workers’ compensation, disability, Social Security, UIB, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Statement from person(s) who provided support</td>
</tr>
<tr>
<td>☐ Potential Benefits</td>
<td>Statement from person(s) who provided support</td>
</tr>
<tr>
<td></td>
<td>• 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</td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

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