

## Eligibility Factors and Suggested Documentation Guide

**Note:** As of August 29, 2012, any reference to the Food Stamp Program shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

Eligibility Factor	To prove this factor, provide: ONE of the following ♥ OR	TWO* of the following:
<b>Identity</b> You must establish identity for each person listed.	<ul> <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> <li>Statement from another person</li> <li>Birth/baptismal certificate</li> <li>Validated Social Security Number (SSN)</li> </ul>
<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> <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> <li>Statement from clergy</li> <li>Census records</li> <li>Newspaper notice</li> <li>Statement from another person</li> </ul>
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     Statement from londlord/primery	Applicant's statement     Newspaper notice     Statement from clergy     Statement from another person     Statement from another person
You must verify your place of residence (if applicable).	<ul> <li>Statement from landlord/primary tenant</li> <li>Current rent receipt or lease</li> <li>Mortgage records</li> </ul>	<ul> <li>Statement from another person</li> <li>Current mail</li> <li>School records</li> </ul>
Household Composition/Size You must prove who is living with you.	<ul><li>Statement from nonrelative landlord</li><li>School records</li></ul>	Statements from other persons
Age You must prove the age of each person applying for assistance, where appropriate.	<ul> <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> <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>
Absence/Death of Parent(s) If the parent(s) of any child in your home is not living with you, you must prove this (not required for SNAP).	<ul> <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> <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>
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 (not required for SNAP).	<ul> <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
Social Security Number For Temporary Assistance, SNAP Benefits and Medical Assistance only, you do <u>not</u> 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> <li>Social Security card</li> <li>Official correspondence from SSA</li> <li>A Social Security number is not required for aliens who are seeking Medical</li> <li>Assistance for emergency treatment only or are Medical Assistance – only</li> <li>applicants who are pregnant.</li> </ul>	NA

\*If you are applying for the 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 Factor	To prove this factor, provide ONE of the following:
Citizenship or Current Alien 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 <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> <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>
Earned Income	
From employer	<ul> <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> </ul>
From self-employment	<ul> <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> </ul>
Income from rent or room/board	<ul> <li>Current contribution check</li> <li>Statement from roomer, boarder, tenant</li> <li>Income tax record</li> </ul>
Unearned Income Child Support	<ul> <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> </ul>
Unemployment Insurance Benefits (UIB)	<ul> <li>Current award certificate</li> <li>Official correspondence with New York State Department of Labor</li> </ul>
Social Security benefits (including SSI)	<ul> <li>Current award certificate/letter</li> <li>Current benefit check</li> <li>Official correspondence from SSA</li> </ul>
☐ Veteran's benefits	<ul> <li>Veterans Administration official correspondence</li> <li>Current award certificate/letter</li> <li>Current benefit check</li> </ul>
U Worker's Compensation	<ul><li>Award certificate/letter</li><li>Check stub</li></ul>
Education grants and loans	<ul> <li>Statement from school</li> <li>Statement from bank</li> <li>Statement from agency administering grant/award letter</li> </ul>
□ Interest/dividends/royalties	Statement from bank or credit union     Statement from broker/financial institution/agent     Current award letter
Private pension/annuity	<ul> <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>

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Eligibility Factor	To prove this factor, provide ONE of the following:
Unearned Income continued	
Other unearned income	
Resources	Statement from household     Statement from nursing home
(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	<ul><li>Current bank records</li><li>Current credit card records</li></ul>
☐ Stocks, bonds, certificates and mutual funds	<ul><li>Stock/bond certificate</li><li>Statement from financial institution</li></ul>
Life insurance	<ul><li>Insurance policy</li><li>Statement from insurance company</li></ul>
Burial trust or fund, burial plot or funeral agreement	<ul><li>Bank records</li><li>Burial agreement</li><li>Burial plot deed</li></ul>
□ Income tax refund or Earned Income Tax Credit (EITC)	Statement from funeral director     Refund of EITC check     Statement from tax office
Real estate other than residence	<ul><li>Deed</li><li>Statement from real estate broker</li></ul>
Motor vehicle	<ul> <li>Broker's appraisal/estimate of current value by broker</li> <li>Registration (older models)</li> <li>Title of ownership</li> <li>Appraisal of current value by dealer</li> <li>Financing data</li> </ul>
Lump sum payment	<ul> <li>Statement from the source of payment</li> <li>Lump sum check</li> </ul>
Other resources	<ul> <li>Household statement of current value</li> <li>Sales slips</li> <li>Insurance appraisal</li> </ul>
☐ Shelter Expenses	Current rent receipt/lease/mortgage book/records
You must prove how much it costs you to live where you do. (You	Property and school tax records     Landlord statement
may need to provide separate documentation for each item of	Landlord statement     Sewer and water bills
shelter expense.) Medical Assistance does not require documentation of shelter	Garbage/trash collection bills or receipts
expenses.	<ul> <li>Homeowner's insurance records</li> <li>Fuel bills/shut-off notice</li> </ul>
	Nonheating utility bills
	Telephone bills (or a statement from the household that the expense is incurred)
Medical Expenses For SNAP, for aged/disabled individuals only	<ul> <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>

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Eligibility Factor	To prove this factor, provide ONE of the following:
Health Insurance If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.	<ul> <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>
Disabled/Incapacitated/Pregnant 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> <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>
Unpaid Bills Rent, utility	<ul> <li>Copy of each bill showing amount owed, period of</li> <li>services and provider</li> </ul>
Referral Drug/alcohol treatment program     Employment service	Statement from provider of treatment     Statement from employment service
Other Expenses/Dependent Care Cost 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> <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>
School Attendance You must prove who is in school.	<ul><li>School records (current report card)</li><li>Statement from school or higher education institution</li></ul>
Past Management     (For Safety Net Assistance)	<ul> <li>Letter from employer giving dates of employment, amount earned and reason(s) for leaving</li> </ul>
Earned Income	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:
Other (For cash assistance only)	<ul> <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>
Devential Benefits	<ul> <li>Statement from person(s) who provided support</li> <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>
□ Other	

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