

**OTSEGO COUNTY DEPARTMENT OF SOCIAL SERVICES
DOCUMENTATION REQUIREMENTS**

**THIS CHART IS A GUIDE ONLY – BE SURE TO
REVIEW ALL 5 PAGES OF INFORMATION**

You should bring with you as much of the indicated information that applies to you and your situation. At your interview you may learn of other documentation that is needed.

PROGRAMS

TA=Temporary Assistance
FS=Food Stamps
MA=Medical Assistance
DC= Day Care
HEAP

ABBREVIATIONS

X – Required by program
CH- Information is needed for child only

ELIGIBILITY FACTOR	To Prove This Factor: Provide ONE of the Following	OR TWO of the Following (If you are applying for Food Stamps Benefits or Medical Assistance only, you need to bring ONLY one form for each eligibility factor.)	TA	FS	MA	DC	HEAP
Identity – You must prove who you are	Photo I.D., Driver’s license, U.S. passport, Naturalization Certificate, Hospital/Doctor’s Records, Adoption paper	Statement from another person, Validated Social Security Number, Birth/Baptismal Certificate	X	X	X	X	X
Marital Status – You must prove if you are married, divorced, separated, or widowed	Marriage/Death certificate, Separation agreement, Divorce decree, Social Security records, VA records	Statement from clergy, Census records, Newspaper notice, Statement from another person	X		X	X	
Residence – You must prove where you live	Statement from landlord, Current rent receipt or lease, Mortgage records	Statement from another person, Current mail, School records	X	X	X	X	X
Household Composition/Size – You must prove who is living with you	Statement from non-relative, Landlord, School records	Statement from other persons	X	X			
Age – You must prove the age of each person applying for assistance, where appropriate	Birth certificate, Baptismal certificate, Hospital records, Adoption records, Naturalization certificate, Driver’s license	Insurance policy, Census records, School records, Statement from another person, Physician statement, Official correspondence from SSA	X	X	X	CH	
Absent Parent – If the parent of any child in your home is not living with you, you must prove this.	Death certificate, Survivor’s benefits, Hospital records, VA or military records, Divorce papers, Proof of remarriage	Newspaper notice, Insurance company records, Institutional records, Agency case records and burial payment files, Statement from another person	X		X	X	

ELIGIBILITY FACTOR	To Prove This Factor: Provide ONE of the following:	TA	FS	MA	DC	HEAP
Absent Parent Information – You must provide any information you have: name, address, Social Security Number, birth date, employment	Pay Stubs Tax returns Social Security or VA records Monetary determination letters ID cards (health insurance) Driver’s license or registration	X		X	X	
Social Security Number (For Temporary Assistance, Food Stamp Benefits and Medical Assistance – only , you do not have to provide proof of your Social Security Number (SSN) unless the SSN you give does not match with SSA’s records or cannot be verified by the agency)	Social Security Card Official correspondence from SSA 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.	X	X			
Citizenship or Current Alien Status – US citizens are eligible for Temporary Assistance, Food Stamps and Medical Assistance. Aliens must be in satisfactory immigration status in order to be eligible for Temporary Assistance, Food Stamps or Medical Assistance. Immigration status is not an eligibility factor for pregnant women or immigrant children applying for Child Health Plus B. Undocumented immigrants and temporary non-immigrants are eligible only for the treatment of an emergency medical condition.	Birth certificate Baptismal certificate Hospital records U.S. passport Military service records Naturalization certificate USCIS documentation Evidence of continuous U.S. residence since prior to 1/1/72.	X		X	X	

ELIGIBILITY FACTOR	To Prove This Factor: Provide ONE of the following:	TA	FS	MA	DC	HEAP
Earned Income From Employer From Self-employment Income from rent or room/board	Current wage stubs, Pay envelopes, On letterhead, rate of pay per hour, hours worked per week, date of first pay, if new and employer’s phone number, Contact with employer, Business records, Tax records Records and related materials concerning self-employment earnings and expenses, Current income tax return Current contribution check, Statement from roomer, boarder, tenant, Income tax records	X	X	X	X	X
Unearned Income Child support Unemployment Insurance benefits (UIB) Social Security benefits (including SSI) Veteran’s benefits Workers’ Compensation Education grants and loans Interest/dividends/royalties Private pension/annuity Other _____ _____ _____	Statement from Family Court, Statement from person paying support, Check stubs Current award certificate, Current benefit check, Official correspondence with NYS Dept. of Labor Current award certificate, Current benefits check, Official correspondence from SSA Current award certificate, Current benefit check, Official correspondence from VA Award letter, Check stub Statement from school, Statement from bank, Award letter Statement from bank or credit union, Statement from broker/agent Current award letter, Current benefit check, Official correspondence from source of income	X	X	X	X	X

ELIGIBILITY FACTOR	To Prove This Factor: Provide ONE of the following:	TA	FS	MA	DC	HEAP
Resources Bank accounts: checking, savings, retirement (IRA and Keogh) Stocks, bonds, certificates Life Insurance Burial trust or fund burial plot or funeral agreement Income tax refund or earned income tax credit (EITC) Real estate other than Residence Motor Vehicle Lump sum payment Other _____ Medical Assistance requires proof of resources for Community-Based Long Term Care and Nursing Home Care	Statement from household, Statement from nursing home Current bank records, Current credit union records Stock certificate, Bonds, Statement from financial institution Insurance policy, Statement from Insurance company Bank records, Burial agreement, Burial plot deed, Statement from funeral director Tax Refund, Statement from tax office Deed, Statement from real estate broker, Appraisal/estimate of current value by broker Registration (older models), Title of ownership, Appraisal of current value by dealer, Financing data Statement from source of payment	X				
Shelter Expenses – 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.	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	X				X

ELIGIBILITY FACTOR	To Prove This Factor: Provide ONE of the following:	TA	FS	MA	DC	HEAP
Medical Bills	Copies of medical bills (paid and unpaid)			X		
Health Insurance – If you or anyone applying has health insurance coverage (even if paid for by someone else) you must prove this	Insurance policy, Insurance card, Statement from provider of coverage, Medicare card	X		X		
Disabled/Incapacitated /Pregnant – If you or anyone living with you is sick or pregnant, you must provide proof.	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 Disabled parent can be eligible for up to 6 weeks of daycare if medically disabled	X		X	X	
Unpaid Bills – Rent, utility	Copy of each bill showing amount owed, period of services and provider					
Referral – Drug/Alcohol Treatment Program	Statement from provider of treatment	X				
Employment Service	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 services of a home health aide or attendant.	Court order, Statement from day care center or other child care provider, Statement from aide or attendant, Cancelled checks or receipts				X	
School Attendance – You must prove who is in school	School records (current report card), Statement from school/or Higher Education Institution	X				
Other -						