



Cash Assistance (CA) Eligibility Factors and Suggested Documentation Guide (During COVID-19)

Eligibility Factor	To prove this factor, provide: ONE of the following ↓ OR	TWO* of the following:
<input type="checkbox"/> Identity You must establish identity for each person listed applying for assistance	<ul style="list-style-type: none"> • Photo I.D. • Driver's license • U.S. passport • Naturalization certificate • Hospital/Doctor's records • Adoption papers 	<ul style="list-style-type: none"> • Statement from another person • Birth/baptismal certificate • Validated Social Security Number (SSN)
<input type="checkbox"/> Marital Status If you are married, divorced, separated, or widowed, you must submit documentation	<ul style="list-style-type: none"> • Marriage/Death certificates • Separation agreement • Divorce decree • Social Security records • Veterans Administration (VA) records 	<ul style="list-style-type: none"> • Statement from clergy • Census records • Newspaper notice • Statement from another person
<input type="checkbox"/> Relationship If you are related to a child in the household, you must prove the relationship	<ul style="list-style-type: none"> • Birth certificate (long form) • Adoption papers/records • Court records • Medical records 	<ul style="list-style-type: none"> • Applicant's statement • Newspaper notice • Statement from clergy • Statement from another person
<input type="checkbox"/> Residence You must verify your place of residence (if applicable)	<ul style="list-style-type: none"> • Statement from landlord/primary tenant • Current rent receipt or lease • Mortgage records 	<ul style="list-style-type: none"> • Statement from another person • Current mail
<input type="checkbox"/> Household Composition/Size If you are applying for assistance for yourself and others, you must verify who is living with you	<ul style="list-style-type: none"> • Statement from nonrelative landlord or primary tenant (for example a roommate) 	<ul style="list-style-type: none"> • Statements from other persons
<input type="checkbox"/> Age You must prove the age of each person applying for assistance, where appropriate	<ul style="list-style-type: none"> • Birth certificate • Baptismal records/certificate • Hospital records • Adoption papers/records • Naturalization certificate • Driver's license 	<ul style="list-style-type: none"> • Insurance policy • Census records • Statement from another person • Physician statement • Official correspondence from Social Security Administration (SSA)
<input type="checkbox"/> Absence/Death of Parent(s) If the parent(s) of any child in your home is not living with you, you must prove this or give us a written statement of their whereabouts/death	<ul style="list-style-type: none"> • Death certificate • Survivor's benefit records • Hospital records • VA or military records • Divorce papers • Proof of remarriage 	<ul style="list-style-type: none"> • Newspaper notice • Insurance company records • Institutional records • Agency case records and burial payment files • Statement from another person
<input type="checkbox"/> 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	<p>Examples of the type of information about the absent parent you may provide are:</p> <ul style="list-style-type: none"> • Pay stubs • Tax returns • Social Security or VA records • Monetary determination letters • ID cards (health insurance) • Driver's license or registration <p>If you do not have this documentation you may have to speak to a representative from the Office of Child Support Services at a later date</p>	NA

*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**.

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<input type="checkbox"/> Social Security Number For Cash 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	<ul style="list-style-type: none"> • Social Security card • Official correspondence from SSA A Social Security number is not required for non-citizens who are seeking Medical Assistance for emergency treatment only or are Medical Assistance – only applicants who are pregnant.
<input type="checkbox"/> Citizenship or Current Immigration 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 not 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"> • 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
<input type="checkbox"/> Earned Income <input type="checkbox"/> From employer If you have recently loss your job, you do not have to submit verification of your income from employment.	<ul style="list-style-type: none"> • 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 • If you stopped working, a signed statement, from you, with the name and contact information of your former employer/place of business
<input type="checkbox"/> From self-employment	<ul style="list-style-type: none"> • Business records • Tax records • Records and related materials concerning self-employment earnings and expenses • 2018 (or 2019 if you have already filed) income tax return
<input type="checkbox"/> Income from rent or room/board	<ul style="list-style-type: none"> • Current contribution check • Statement from roomer, boarder, tenant • Income tax record
<input type="checkbox"/> Unearned Income <input type="checkbox"/> Child Support Received from the Non-Custodial Parent	<ul style="list-style-type: none"> • Statement from Family Court • Statement from person paying support • Check stubs • Official correspondence from the Child Support Enforcement Unit
<input type="checkbox"/> Unemployment Insurance Benefits (UIB) If you have filed an application for UIB but have not received a payment yet, you do not have to submit proof	<ul style="list-style-type: none"> • Current award certificate • Official correspondence with New York State Department of Labor • Screen shots or images of benefit statement from Department of Labor
<input type="checkbox"/> Social Security benefits (including SSI)	<ul style="list-style-type: none"> • Current award certificate/letter • Current benefit check • Official correspondence from SSA
<input type="checkbox"/> Veteran's benefits	<ul style="list-style-type: none"> • Veterans Administration official correspondence • Current award certificate/letter • Current benefit check
<input type="checkbox"/> Worker's Compensation	<ul style="list-style-type: none"> • Award certificate/letter • Check stub
<input type="checkbox"/> Education grants and loans	<ul style="list-style-type: none"> • Statement from school • Statement from bank • Statement from agency administering grant/award letter
<input type="checkbox"/> Interest/dividends/royalties	<ul style="list-style-type: none"> • Statement from bank or credit union • Statement from broker/financial institution/agent

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Eligibility Factor	To prove this factor, provide ONE of the following:
<p>Unearned Income (continued)</p> <p><input type="checkbox"/> Private pension/annuity</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Other unearned income</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> • Current award letter • Current benefit check • Official correspondence from source of income • Contact with source of income • Current contribution check <hr style="border-top: 1px dashed black;"/> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> 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.)</p> <p><input type="checkbox"/> Bank Accounts: Checking, savings, retirement (IRA and Keogh), credit union</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Stocks, bonds, certificates and mutual funds</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Life insurance</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Burial trust or fund, burial plot or funeral agreement</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Income tax refund or Earned Income Tax Credit (EITC)</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Real estate other than residence</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Motor vehicle</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Lump sum payment</p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Other resources</p>	<ul style="list-style-type: none"> • Current bank records • Current credit card records <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Stock/bond certificate • Statement from financial institution <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Insurance policy • Statement from insurance company <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Bank records • Burial agreement • Burial plot deed <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Refund of EITC check • Statement from tax office <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Deed • Statement from real estate broker • Broker's appraisal/estimate of current value by broker <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Registration (older models) • Title of ownership • Appraisal of current value by dealer • Financing data <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Statement from the source of payment • Lump sum check <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Statement from household • Statement from nursing home • Household statement of current value • Sales slips • Insurance appraisal

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<p><input type="checkbox"/> Shelter Expenses</p> <p>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)</p> <p>You must submit proof of your shelter expenses even if you have not paid your rent</p> <p>Medical Assistance does not require documentation of shelter expenses.</p>	<ul style="list-style-type: none"> • Current rent receipt/lease/mortgage book/records • Property and school tax records • Landlord statement • Sewer and water bills • Garbage/trash collection bills or receipts • Homeowner's insurance records • Fuel bills/shut-off notice • Non-heating utility bills • Telephone bills (or a statement from the household that the expense is incurred)
<p><input type="checkbox"/> Medical Expenses</p> <p>You only need to submit verification of your unreimbursed medical expenses if you are aged/disabled and are also applying for SNAP</p>	<ul style="list-style-type: none"> • Statement from provider of health insurance premiums • Copies of medical bills (paid and unpaid) • Medicare prescription drug card
<p><input type="checkbox"/> Health Insurance</p> <p>If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this</p>	<ul style="list-style-type: none"> • Insurance policy/card • Statement from provider of coverage • Medicare card • Separation or divorce agreement with court-ordered health coverage
<p><input type="checkbox"/> Disabled/Incapacitated/Pregnant</p> <p>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)</p>	<ul style="list-style-type: none"> • Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth • Statement from medical professional • Proof of SSA/SSI benefits for disability/blindness
<p><input type="checkbox"/> Unpaid Bills</p> <p>Please submit proof of any unpaid rent or utility bills in your name</p>	<ul style="list-style-type: none"> • Copy of each bill showing amount owed, period of service and provider services and
<p><input type="checkbox"/> Other Expenses/Dependent Care Cost</p> <p>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</p>	<ul style="list-style-type: none"> • Court order • Statement from day care center or other child care provider • Statement from aide or attendant • Canceled checks or receipts

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Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> Past Management (how did you support yourself before coming to apply for Cash Assistance) <input type="checkbox"/> Earned Income	<ul style="list-style-type: none"> • Letter from employer giving dates of employment, amount earned and reason(s) for leaving • If your most recent employer is closed or no longer in business, please give us the employer's last known address and telephone number. You must sign the statement and date it for our records.
<input type="checkbox"/> Other (For cash assistance only)	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: <ul style="list-style-type: none"> • Bankbook/bank statement • Verification of expiration of benefits (workers' compensation, disability, Social Security, UIB, etc.) • Statement from person(s) who provided support
<input type="checkbox"/> Potential Benefits	Statement from person(s) who provided support <ul style="list-style-type: none"> • 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
<input type="checkbox"/> Other	