

REQUEST FOR VERIFICATION FORM

CASE NAME: _____

CASE NUMBER: _____

WORKER NAME: _____

WORKER NUMBER: _____

DATE: _____

You have asked for Cash Aid (*CalWORKs*) Food Stamps Medi-Cal.

We need proof from you to see if you can get (*or keep getting*) cash aid or other benefits. **You must give this proof to your worker by _____.** If you cannot get this information by _____, give us this form with whatever proof you **do** have. We may be able to help you get the proof. We have listed the information we need below.

Due Date	Item	Person	Program	Check (✓) if can't get proof and need help	Check (✓) if already turned in this proof

We have attached a list of items you can use for proof. Sometimes we can accept other proof. Call your worker to be sure.

Tell us if you are having problems getting the proof. Your worker information is below.

- We will help you try to get the proof.
- If there is a cost to get the proof, we may be able to pay the fee for you.
- If you cannot get the proof, you may be able to sign a sworn statement instead.

If you cannot give us *all* the proof by _____:

- Give us whatever proof you do have; **and**
- Check the box above that says "can't get proof and need help" for what you don't have and turn this form in **or** call your worker before _____.
- We can try to get the proof for you. Fill out the attached "Authorization for Release of Information" form and return it to your worker.

If we do not get the proof or hear from you by _____, we may have to deny, cut, or stop your benefits.

You can get a receipt for any proof you turn in to us. Keep a copy of this form and any proof you send us for your records, or ask the county to make copies for you.

Your workers are:

TYPES OF VERIFICATION/SOURCES OF PROOF

If you have other types of proof not listed, please call your worker.

Birth/Citizenship

- Birth certificate
- Passport
- Baptismal certificate (*with date and place of birth*)
- Statement of witness to birth
- Original birth certificates for Medi-Cal

Income

- Most recent paycheck stub(s)
- Letter from employer
- Copy of child support check or payment stub
- Benefits award letter (*Social security/veterans/unemployment/disability, etc.*)
- Self-employment tax forms (*IRS Schedule C, etc.*)
- Receipts for self-employment income for work-expenses
- School grants/loans/financial aid statements
- Sponsor statement form

Immigration Status (non-citizens)

- Immigration papers/forms/cards (*copy of both sides*)
- Certificate of naturalization
- Other proof from immigration (*USCIS*), such as: work authorization, letter of decision or court order on your case, etc.

Property/Resources

- Vehicle registration
- Proof of loans or debts/liens on property
- Statement of joint ownership
- Most recent mortgage bill(s)
- Property deed
- Most recent bank statements
- Life insurance policy, stocks, bonds, IRAs
- Most recent retirement account statement(s)
- Sponsor statement form
- Settlements such as lawsuits and insurance claims
- Burial plots/crypts

Other Proof

- Child/dependent care receipts
- Statement from child/dependent care provider
- Receipts for school expenses
- Cancelled check/receipt of child/spousal support payments
- Death certificate, obituary, witness statement of death
- Court papers (*child support or spousal support order*)

Identity

- Drivers license or identification card
- Photo ID (*from DMV, school, etc.*)
- Passport
- USCIS documents

Relationship

- Court papers (*divorce, guardianship, etc.*)
- Marriage certificate
- Domestic partner certificate
- Birth certificate

Housing and Utility Costs

- Rental agreement or rent receipts
- Mortgage bill
- Utility bill
- Property tax statement
- Home or renter's insurance bills
- Hotel/motel receipt
- Cancelled checks or copies
- Statement explaining housing arrangement

Residence

- A postmarked envelope or postcard addressed to you
- Utility bill
- Rental agreement
- Bill or other document(s) with name and address
- Driver's license or Identification card
- Eviction notice/notice to pay rent or quit

Medical Expenses

- Medical bills or receipts
- Medical transportation bills or receipts
- Health or dental insurance policies or premiums
- Medicare card (*for Medi-Cal only*)

Medical Verification

- Proof of pregnancy from doctor or clinic, with expected due date
- Doctor statement or disability funding by an agency (*SSA/SDI/VA, etc.*)
- Pharmacy bill

Immunization Records (for kids under 6 years old)

- Statement that immunizations are against your beliefs
- Statement from parent or caretaker relative explaining why you can't get immunizations
- Statement from doctor that immunizations are not available
- Stamped shot record

AUTHORIZATION FOR RELEASE OF INFORMATION

If you cannot get the proof you need, we may be able to get it for you. Fill out and this form and send it to your worker by _____.

If you have questions about this form, or need help filling it out, ask your worker. You can also ask your worker for more copies. Use a separate "Authorization for Release of Information" form for each person.

To: _____,

I, _____, at _____

(PRINT NAME)

(ADDRESS)

give permission to _____ to give to _____

(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER)

(COUNTY SOCIAL SERVICES DEPARTMENT)

information regarding _____.

This permission ends by _____, or 60 days from the date signed, if no date is listed.

(Fill out form completely before signing.)

SIGNATURE OF APPLICANT/RECIPIENT

DATE

IF THIS IS FOR INFORMATION OF A MINOR, ENTER RELATIONSHIP TO MINOR
