

**Department of Human Services  
Verification Checklist**

\_\_\_\_\_ County Department of Family and Children Services

Name \_\_\_\_\_

Case Manager/Caseload: \_\_\_\_\_

Address \_\_\_\_\_

Case Number: \_\_\_\_\_

\_\_\_\_\_

Date Mailed/Given: \_\_\_\_\_

\_\_\_\_\_

The items checked below must be received by . **Without these items we may not be able to determine your eligibility. Your application or active case may be denied or closed, or certain members may not be eligible.** You may fax your information to: \_\_\_\_\_. If you cannot get the requested information or you need more time, contact your worker by phone at: \_\_\_\_\_ or by mail.

Food Stamps	Medicaid	TANF		Food Stamps	Medicaid	TANF	
			Check stubs or statement from employer for: Provide stubs for the period of:				Proof from the source of Social Security, SSI, Veterans or unemployment benefits, child support, worker's compensation or other income to household for:
			Proof of Citizenship/Alien Status for:				Signed/dated statement(s) from person(s) giving, money, child support or other assistance to your household.
			Proof of Social Security number /application for number for:				Other: (any verification required to determine eligibility)
			Proof of Identity for:				

Bring in or mail in proof of items checked below or we will not use the expense as a deduction in Food Stamps, and we may not be able to determine your eligibility for TANF or Medicaid.

Food Stamps Only	Medicaid Only	TANF Only
<input type="checkbox"/> Current rent/mortgage payment	<input type="checkbox"/> Information about the absent parent (s) of:	<input type="checkbox"/> Information about the absent parent (s) of:
<input type="checkbox"/> Home owner's insurance and/or tax payment	<input type="checkbox"/> Proof of application for:	<input type="checkbox"/> Proof of application for:
<input type="checkbox"/> Current gas, electric, telephone, or other utility expenses	<input type="checkbox"/> Statement from physician or health provider to verify pregnancy and due date for:	<input type="checkbox"/> Statement from physician or health provider to verify pregnancy and due date for:
<input type="checkbox"/> Medical expenses (physician, travel, prescriptions, health insurance, premium, hospitalization) for:	<input type="checkbox"/> Medical expenses (physician, travel, prescriptions, health insurance, premium, hospitalization) for:	<input type="checkbox"/> Immunization Record for:
Legal obligation of amount of child support due and paid for someone not in your home	Declaration of Citizenship for:	Legal obligation of amount of child support due and paid for someone not in your home
Childcare expenses for:	Proof of Other Health Insurance or Third Party Liability for:	Childcare expenses for :

Other: (Residency etc.)

Other :

Other: (Proof of Prenatal Care,  
Current Bank Statement etc)

Form 173 (Rev. 06/10)

White Copy-Client

Canary Copy-Case Record