



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

## POLICY BULLETIN #23-45-OPE

### PRE-RELEASE CASH ASSISTANCE APPLICATION FILING AND PROCESSING

<b>Date:</b> August 9, 2023	<b>Subtopic(s):</b> Cash Assistance
	<p><b><u>Purpose</u></b></p> <p>The purpose of this policy bulletin is to provide instructions to the FIA Special Project Center and Benefits Access Center (BAC) staff for application filing and processing of Cash Assistance (CA) applications received from incarcerated individuals scheduled for discharge from the New York State Department of Corrections and Community Supervision (NYS DOCCS). This policy bulletin is informational for all other staff.</p> <p><b>Note:</b> The process described in this procedure does not apply to applicants who are Brad H. class members.</p> <p><b><u>Background</u></b></p> <p>Under an approved federal waiver, incarcerated individuals who are scheduled for release in less than 60 days and who do not plan to return to an existing Supplemental Nutrition Assistance Program (SNAP) household that they would become part of, would be encouraged to file an application for CA/SNAP. NYS DOCCS discharge planning staff will meet with these individuals to evaluate how they will support themselves upon release, where the person would live, and connect that individual to available public benefits and services.</p> <p>For those individuals who plan on residing in New York City and indicate a need for CA/SNAP benefits, NYS DOCCS or Community Based Organization (CBO) staff will assist the individual in submitting a combined CA/SNAP application. The processing of these applications would be pended, for up to 60 days, from the date the incarcerated individual is released. This release date would be set as the SNAP application filing date, establishing the first date when SNAP benefits can be issued from. Combined CA/SNAP applications will be completed on paper and then submitted either through mail, fax, or e-fax (RightFax).</p>

#### HAVE QUESTIONS ABOUT THIS PROCEDURE?

Request a Clearance in [Service NOW](#), or send an e-mail to [fiacallcenter2@dss.nyc.gov](mailto:fiacallcenter2@dss.nyc.gov), or Call 718-557-1313 then press 3 at the prompt followed by 1 or fax to: (917) 639-0298

These applicants will have the option to have a pre-release CA eligibility interview by telephone while still in NYS DOCCS custody, a post-release on-demand telephone CA interview, or a post-release face-to-face eligibility interview at a Benefits Access Center.

### **Required Action**

NYS DOCCS or CBO staff will submit the completed paper CA application, along with the NYC DSS/HRA and NYS DOCCS Pre-Release Cash Assistance Program (CA) Application Cover Sheet (**DSS-42**) to the FIA Special Project Center.

The FIA Special Project Center will review the **DSS-42** and the CA application and then register the application in the Paperless Office System (POS). To accommodate this process, the POS intake screens have been designed to capture the expected date of discharge which will be used as the authorization date if the case is either activated for recurring assistance or placed in single issue status. This date will also be stored in the POS comments area. FIA Special Project Center staff will then screen the application for expedited SNAP processing eligibility, using the information on the application.

### **Pre-Release Interview**

If the applicant has chosen to have a pre-release interview, the FIA Special Project Center will contact the NYS DOCCS or CBO staff indicated on the **DSS-42** and schedule the telephone interview for a time when the applicant will be available while meeting with the NYS DOCCS or CBO staff who will assist in facilitating the pre-release interview.

If based on the information on the CA/SNAP application and information obtained during the eligibility interview, the individual is determined eligible for SNAP benefits, FIA Special Project Center staff will issue the benefits, using the expected date of discharge as the start date of the benefits, and open the SNAP portion of the CA/SNAP case using SNAP opening code **Y17** (Meets eligibility requirements - Application Filed While in Jail/Prison) with the date of discharge as the authorization date.

If the individual is also determined eligible for CA, issue those benefits starting on the date of compliance.

If it is determined during the interview that the individual needs to be included in a currently active CA/SNAP case, then the registered application will need to be denied and then be added to the active CA/SNAP case in AP (applying) status for both CA and SNAP.

### **Post-Release Telephone Interview**

If the **DSS-42** indicates a post release telephone interview is selected, FIA Special Project Center staff will mail the Interview Required for Your Cash Assistance Application (**FIA-1204**) with the Eligibility Factors and Suggested Documentation Guide (**W-119D**).

### **Post-Release In-Person Interview**

In instances where the **DSS-42** indicates a post-release in-person interview is selected, FIA Special Project Center staff will register the application and schedule an in-person interview within seven days of the scheduled release date.

FIA Special Project Center staff must screen for expedited SNAP eligibility and annotate Part Four of the Supplemental Nutrition Assistance Program (SNAP) Application Expedited processing Summary Sheet (**LDSS-39838 NYC**) indicating that this is a pre-release submission and an in-person interview was requested.

### **Failure to Keep the Interview**

Applicants who requested a post release interview will not have their application denied until 60 days after the application file date for failing to be interviewed.

*Effective Immediately*

### **Related Items:**

PB #23-44-OPE	Pre-Release SNAP Application Filing and Processing
PD #14-13-ELI	Expedited SNAP Processing Rules
PD #06-03-ELI	Mental Health Outreach at Correctional Facilities (Brad H. Procedure)

**Attachments:**

- |                 |   |
|-----------------|---|
| <b>DSS-42</b>   | NYC DSS/HRA and NYS DoCCS<br>Pre-Release Cash Assistance Program (CA)<br>Application Cover Sheet (08/07/2023) |
| <b>FIA-1204</b> | Interview Required for Your Cash Assistance<br>Application (02/22/2023)                                       |
| <b>W-119D</b>   | Eligibility Factors and Suggested Documentation<br>Guide (Rev. 11/28/2012)                                    |



**NYC DSS/HRA and NYS DoCCS PRE-RELEASE  
CASH ASSISTANCE PROGRAM (CA)  
APPLICATION COVER SHEET**

**TO:** FIA Special Project Center **FROM:** \_\_\_\_\_

**FAX:** 917-639-2534 **# OF PAGES:** \_\_\_\_\_

[CAInterviewsupport@hra.nyc.gov](mailto:CAInterviewsupport@hra.nyc.gov)

**EMAIL**

929-252-5770

**PHONE NUMBER FOR PRE-RELEASE INTERVIEW**

\_\_\_\_\_  
Date of Submission

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
DoCCS Site Name

\_\_\_\_\_  
Expected Date of Discharge

SAMPLE

Interview Option Selected:

- Pre-Release Telephone Interview
- Post-Release Telephone Interview
- Post-Release In-Person Interview

Upon electronic submission (email or fax) of this Cover Sheet and Cash Assistance (CA) application, please contact the DoCCS CA App Liaison at ([CAInterviewsupport@hra.nyc.gov](mailto:CAInterviewsupport@hra.nyc.gov)) to:

- (1) confirm receipt of this CA application;
- (2) coordinate submission of any needed verifying documentation; and,
- (3) schedule a pre-release telephone interview (if this option is selected).

**Note:** should the applicant's Expected Discharge Date be delayed, please notify your DoCCS CA App Liaison immediately, and no later than two (2) business days before the Expected Discharge Date.

**Additional Notes/Comments**

**NYC DSS/HRA and NYS DoCCS PRE-RELEASE  
CASH ASSISTANCE PROGRAM (CA)  
APPLICATION COVER SHEET (*continued*)**

**Instructions for NYS DoCCS staff assisting Clients with CA Applications**

Thank you for assisting our mutual clients apply for CA benefits prior to discharge to ensure that they have the necessary benefits to purchase food and other necessities upon discharge. This brief “cheat-sheet” will help guide you through the process to connecting these individuals to the CA Program.

1. **Familiarize yourself with the CA program:** Understand the CA program and promote and publicize this public benefit to your clients who have over 60 days prior to discharge.
2. **Discuss and answer CA program questions** for individuals with 30-60 days prior to discharge, and begin preparing CA applications for this group.
3. **For individuals anticipating discharge in around 30 days, please work to submit a CA application** and accompanying Cover Letter by email to [CAInterviewsupport@hra.nyc.gov](mailto:CAInterviewsupport@hra.nyc.gov).
  - (i) Communicate with your CA DoCCS liaison to confirm receipt; discuss what verifying documentation the applicant needs to submit, and schedule a date and time to conduct the telephone interview.
4. **Submit needed verifying documentation to support CA application.**
  - (i) Work with your CA DoCCS liaison to submit the documents required to process the CA Application.
5. **Conduct CA telephone interview at pre-arranged date and time:** make the applicant available to speak with an HRA staff member on the submitted application – it should take around 30 minutes.
6. **Receive and forward a Notice of Determination of Eligibility to client** once HRA makes its determination on the application. We will email you a PDF of the Notice.
7. **If Client is Eligible**, please work with the DoCCS CA Liaison to ensure that CA benefits can be loaded onto a “Vault” EBT (temporary NYS Common Benefit Identity Card) that can be given to the applicant after discharge at any CA center.
8. **If Actual Discharge Date is later than Expected Discharge Date**, please notify your DoCCS CA Liaison immediately; HRA will need to adjust the CA benefits loaded onto the Vault card if the discharge date is delayed.

***Questions and/or concerns – speak to your DoCCS CA Liaison!***



Date: \_\_\_\_\_

Center Number: \_\_\_\_\_

Case Name: \_\_\_\_\_

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

Application File Date: \_\_\_\_\_

### Interview Required for Your Cash Assistance Application!

We received your Cash Assistance (CA) application. You must contact us to be interviewed.

**You should contact us by \_\_\_\_\_.**

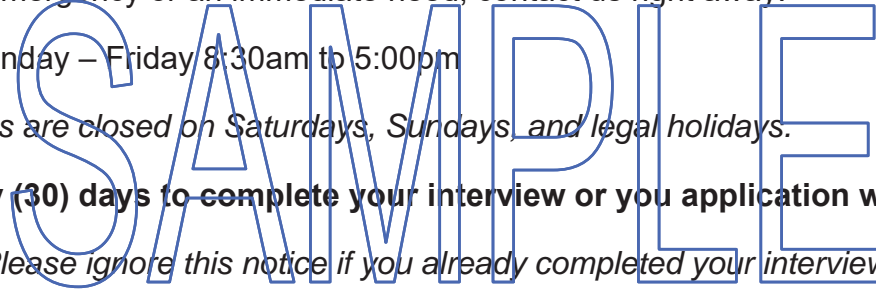
If you have an emergency or an immediate need, contact us right away.

You can call Monday – Friday 8:30am to 5:00pm

*Note: Our offices are closed on Saturdays, Sundays, and legal holidays.*

**You have thirty (30) days to complete your interview or your application will be denied.**

*(Please ignore this notice if you already completed your interview!)*



**Call NOW.** \_\_\_\_\_  
Your interview will take about 30-60 minutes.

**Can't call today?**  
Many people find it helpful to write down a plan to call. Write down your plan and put a reminder in your phone to help you remember.

I will call: \_\_\_\_\_ at \_\_\_\_\_.  
Monday - Friday between 8:30am - 5:00pm

Or you may visit a Benefits Access Center to have an interview. Call 311 or visit [www.nyc.gov/site/hra/locations/locations.page](http://www.nyc.gov/site/hra/locations/locations.page) to find the one most convenient for you.

**(Turn page)**

### What will I need for the call?

Only your Cash Assistance Case Number (at the top of page 1 of this notice) or your ACCESS HRA Confirmation Number or a Social Security Number (SSN). This will help us find your case.

### Who needs to be interviewed?

All members of the case that are 18 years or older should be available during the interview.

### What documents will I need?

You will need to give us documents that prove the information you gave us on your application. If you had a case before, we may have documents from you that can be used again.

You can give us documents after your interview. You will be given at least 10 calendar days after your interview to give us any documents we ask for.

For each person who is applying, you **must** give documents that prove:

- Identity
- Income
- Members of your household (the people you live with)

For each person who is applying, you **may need** to give documents that prove:

- Citizenship **or**
- Current immigration status

You will need to give documents that prove your home address (if you have one), and the number of people you live with.

You may need to give us additional documents. The Eligibility Factors and Suggested Documentation Guide (**W-119d**), we sent with this notice, lists examples of documents that you can use.

➡  Upload any required documentation via the ACCESS HRA mobile app that you have not already submitted (more info: [www.nyc.gov/hradocs](http://www.nyc.gov/hradocs)).

*You do not need to return this form.*

**(Turn page)**



**Do you have a medical or mental health condition or disability?** Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Use the ***Help For People With Disabilities*** form in this mailing. You can also call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

SAMPLE

## Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide: ONE of the following ↓ OR	TWO* of the following:
<input type="checkbox"/> <b>Identity</b> You must establish identity for each person listed.	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <li>• Statement from another person</li> <li>• Birth/baptismal certificate</li> <li>• Validated Social Security Number (SSN)</li> </ul>
<input type="checkbox"/> <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 style="list-style-type: none"> <li>• Marriage/Death certificates</li> <li>• Separation agreement</li> <li>• Divorce decree</li> <li>• Social Security records</li> <li>• Department of Veterans Affairs (VA) records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from clergy</li> <li>• Census records</li> <li>• Newspaper notice</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Relationship</b> If you are related to a child in the household, you must prove the relationship.	<ul style="list-style-type: none"> <li>• Birth certificate (long form)</li> <li>• Adoption papers/records</li> <li>• Court records</li> <li>• Medical records</li> </ul>	<ul style="list-style-type: none"> <li>• Applicant's statement</li> <li>• Newspaper notice</li> <li>• Statement from clergy</li> <li>• Statement from another person</li> </ul>
<input type="checkbox"/> <b>Residence</b> You must verify your place of residence (if applicable).	<ul style="list-style-type: none"> <li>• Statement from landlord/primary tenant</li> <li>• Current rent receipt or lease</li> <li>• Mortgage records</li> </ul>	<ul style="list-style-type: none"> <li>• Statement from another person</li> <li>• Current mail</li> </ul>
<input type="checkbox"/> <b>Household Composition/Size</b> You must prove who is living with you. *At recertification only required for minors if questionable	<ul style="list-style-type: none"> <li>• Statement from nonrelative landlord</li> </ul>	<ul style="list-style-type: none"> <li>• Statements from other persons</li> </ul>
<input type="checkbox"/> <b>Age</b> You must prove the age of each person applying for assistance, where appropriate.	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <li>• Insurance policy</li> <li>• Census records</li> <li>• Statement from another person</li> <li>• Physician statement</li> <li>• Official correspondence from Social Security Administration (SSA)</li> </ul>
<input type="checkbox"/> <b>Absence/Death of Parent(s)</b> If the parent(s) of any child in your home is not living with you, you must prove this (not required for SNAP).	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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>
<input type="checkbox"/> <b>Absent Parent Information</b> 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 style="list-style-type: none"> <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
<input type="checkbox"/> <b>Social Security Number</b> For Temporary Assistance, SNAP Benefits and Medical Assistance <b>only</b> , you do <b>not</b> 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"> <li>• Social Security card</li> <li>• Official correspondence from SSA</li> </ul> <p>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.</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**.

## Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Citizenship or Current Immigration Status</b> <b>Status</b> – U.S. citizens are eligible for Temporary Assistance, the Supplemental Nutrition Assistance Program and medical assistance. Non-citizens must be in a 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. Non-citizens without an immigration status and temporary nonimmigrants are eligible only for the treatment of an emergency medical condition.	<ul style="list-style-type: none"> <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 (e.x., Green Card, Forms I-551, I-94, I-797, etc.)</li> <li>• Evidence of continuous U.S. residence since prior to 1/1/72</li> </ul>
<input type="checkbox"/> <b>Earned Income</b>  <input type="checkbox"/> From employer If you have recently lost your job, you do not have to submit verification of your income from employment.	<ul style="list-style-type: none"> <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>
<input type="checkbox"/> From self-employment	<ul style="list-style-type: none"> <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>
<input type="checkbox"/> Income from rent or room/board	<ul style="list-style-type: none"> <li>• Current contribution check</li> <li>• Statement from roomer, boarder, tenant</li> <li>• Income tax record</li> </ul>
<input type="checkbox"/> <b>Unearned Income</b>  <input type="checkbox"/> Child Support received from the non-custodial parent.	<ul style="list-style-type: none"> <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>
<input type="checkbox"/> Unemployment Insurance Benefits (UIB)	<ul style="list-style-type: none"> <li>• Current award certificate</li> <li>• Official correspondence with New York State Department of Labor (including emails)</li> <li>• Screen shots or images of benefit statement from Department of Labor (must include identifying information like your name)</li> </ul>
<input type="checkbox"/> Social Security benefits (including SSI)	<ul style="list-style-type: none"> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> <li>• Official correspondence from SSA</li> </ul>
<input type="checkbox"/> Veteran's benefits	<ul style="list-style-type: none"> <li>• Veterans Affairs official correspondence</li> <li>• Current award certificate/letter</li> <li>• Current benefit check</li> </ul>
<input type="checkbox"/> Worker's Compensation	<ul style="list-style-type: none"> <li>• Award certificate/letter</li> <li>• Check stub</li> </ul>
<input type="checkbox"/> Education grants and loans	<ul style="list-style-type: none"> <li>• Statement from school (including emails and screen shots)</li> <li>• Statement from bank (including emails and screen shots)</li> <li>• Statement from agency administering grant/award letter</li> </ul>
<input type="checkbox"/> Interest/dividends/royalties	<ul style="list-style-type: none"> <li>• Statement from bank or credit union (including emails and screen shots)</li> <li>• Statement from broker/financial institution/agent (including emails and screen shots)</li> </ul>

SAMPLE

## Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<p><b>Unearned Income</b> (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"> <li>Current award letter</li> <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> <hr style="border-top: 1px dashed black;"/> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> <b>Resources</b>                      (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>	<div style="text-align: center; font-size: 4em; color: blue; opacity: 0.5; font-family: sans-serif; font-weight: normal;">             SAMPLER         </div> <ul style="list-style-type: none"> <li>Current bank records (including screen shots or electronic statements)</li> <li>Current credit card records (including screen shots or electronic statements)</li> <li>Stock/bond certificate</li> <li>Statement from financial institution</li> <li>Insurance policy</li> <li>Statement from insurance company</li> <li>Bank records</li> <li>Burial agreement</li> <li>Burial plot deed</li> <li>Refund of EITC check</li> <li>Statement from tax office</li> <li>Deed</li> <li>Statement from real estate broker</li> <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> <li>Statement from the source of payment</li> <li>Lump sum check</li> <li>Statement from household</li> <li>Statement from nursing home</li> <li>Household statement of current value</li> <li>Sales slips</li> <li>Insurance appraisal</li> </ul>

(Turn page)

## Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Shelter Expenses</b> You must prove how much it costs you to live where you do. (You may need to provide separate documentation for <b>each</b> item of shelter expense.) You must submit proof of your shelter expenses, if you have any, even if you have not paid your rent  <b>Medical Assistance does not require documentation of shelter expenses.</b>	<ul style="list-style-type: none"> <li>• Current rent receipt/lease/mortgage book/records</li> <li>• Property and school tax records</li> <li>• Landlord statement</li> <li>• Sewer and water bills</li> <li>• Garbage/trash collection bills or receipts</li> <li>• Homeowner's insurance records</li> <li>• Fuel bills/shut-off notice</li> <li>• Nonheating utility bills</li> <li>• Telephone bills (or a statement from the household that the expense is incurred)</li> </ul>
<input type="checkbox"/> <b>Medical Expenses</b> <b>For SNAP, for aged/disabled individuals only</b>	<ul style="list-style-type: none"> <li>• Statement from provider of health insurance premiums</li> <li>• Copies of medical bills (paid and unpaid)</li> <li>• Medicare prescription drug card</li> <li>• Other proof of medical expenses that are not reimbursed (e.x., receipts from drug store, proof of payment for hearing aide, etc.)</li> </ul>
<input type="checkbox"/> <b>Health Insurance</b> If you or anyone applying has health insurance coverage (even if paid for by someone else), you must prove this.	<ul style="list-style-type: none"> <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>
<input type="checkbox"/> <b>Disability/Incapacitation/Pregnancy</b> 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 style="list-style-type: none"> <li>• Statement from doctor, clinic or hospital verifying pregnancy, expected date of birth (a sonogram is not acceptable proof)</li> <li>• Statement from medical professional</li> <li>• Proof of SSA/SSI benefits for disability/blindness</li> </ul>
<input type="checkbox"/> <b>Unpaid Bills</b> Rent, utility	<ul style="list-style-type: none"> <li>• Copy of each bill showing amount owed, period of services, and provider of services</li> </ul>
<input type="checkbox"/> <b>Referral</b> <input type="checkbox"/> Drug/alcohol treatment program <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Employment service	<ul style="list-style-type: none"> <li>• Statement from provider of treatment</li> <li>• Statement from employment service</li> </ul>
<input type="checkbox"/> <b>Other Expenses/Dependent Care Cost</b> You must provide proof if you <b>pay</b> court-ordered support, child care, recurring loans, or for the services of a home health aide or attendant.	<ul style="list-style-type: none"> <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>
<input type="checkbox"/> <b>School Attendance</b> You must prove who is in school.	<ul style="list-style-type: none"> <li>• School records (current report card)</li> <li>• Statement from school or higher education institution</li> <li>• Other proof of school attendance</li> </ul>

SAMPLE

### Eligibility Factors and Suggested Documentation Guide

Eligibility Factor	To prove this factor, provide ONE of the following:
<input type="checkbox"/> <b>Past Management</b> (For Safety Net Assistance) <input type="checkbox"/> Earned Income	<ul style="list-style-type: none"> <li>• Letter from employer giving dates of employment, amount earned and reason(s) for leaving</li> <li>• 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.</li> </ul>
<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"> <li>• Bankbook/bank statement</li> <li>• Verification of expiration of benefits, including emails and screen shots (workers' compensation, disability, Social Security, UIB, etc.)</li> <li>• Statement from person(s) who provided support</li> </ul>
<input type="checkbox"/> <b>Potential Benefits</b>	Statement from person(s) who provided support <ul style="list-style-type: none"> <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>
<input type="checkbox"/> <b>Other</b>	

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