

APPOINTMENT NOTICE AND VERIFICATION CHECKLIST

IN ORDER TO DETERMINE YOUR ELIGIBILITY FOR

☐ CASH ASSISTANCE
 ☐ MEDICAL ASSISTANCE
 ☐ SNAP

AN INTERVIEW HAS BEEN SCHEDULED AT THE TIME AND PLACE SHOWN.

YOUR SCHEDULED INTERVIEW IS FOR

| | |
|----------|--------------|
| DAY-DATE | TIME |
| PLACE | A.M. P.M. |

READ THIS ENTIRE FORM CAREFULLY

PLEASE BE ON TIME:

IF YOU ARE UNABLE TO COME TO THE OFFICE OR CANNOT KEEP THIS APPOINTMENT, PLEASE LET US KNOW AS SOON AS POSSIBLE. YOU MAY ASK FOR ANOTHER APPOINTMENT AND WE WILL SCHEDULE ONE AS QUICKLY AS WE CAN.

YOU MUST PROVIDE AND PAY FOR YOUR OWN TRANSPORTATION WHEN ATTENDING SCREENING AND APPLICATION INTERVIEWS.

IF YOU ARE CURRENTLY RECEIVING BENEFITS, YOU MAY BE ENTITLED TO PAYMENT FOR TRANSPORTATION.

WHO SHOULD COME TO THE INTERVIEW:

CASH

Husband and wife, if living together, and all other persons age 18 or older need to be interviewed.

MEDICAL ASSISTANCE

If you are only applying for medical assistance, you, your spouse, or another person may apply on your behalf. Certain households may not be required to have a face-to-face interview.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

If you are only applying for SNAP, you, any responsible member of your household, or any other person authorized by you to make the application on your behalf, need be present for the application interview. Certain households may be interviewed for SNAP by telephone. If attending an office interview is a hardship, please discuss it with us.

WHAT INFORMATION WILL BE NEEDED AT THE INTERVIEW:

To help us decide whether you (or anyone else for whom you are applying) are eligible for the benefits you want, we will need information about you and your household and proof of that information.

On the reverse side of this form is a "Verification Checklist." **If a box next to an item is checked, bring all of the papers and proof of the information listed.** If you are unable to bring in all of the information, we may still be able to authorize cash assistance or medical assistance if you can show us that you cooperated in attempting to obtain the information requested. Also, the information you are able to provide may be sufficient to prove your eligibility for SNAP, even if it is not sufficient to show that you are eligible for other benefits.

When proof on paper (receipts, pay stubs, and other documents) is not available, we may be able to help you provide proof of some items by contacting persons outside of your household.

For reapplications, you are not required to bring proof of items for which you have already provided proof (EXAMPLES: age, Social Security Numbers, permanent disability) unless we explain why it is necessary. You must cooperate in providing required proof, or cash assistance, medical assistance, or SNAP benefits may be denied. If you are cooperating in the completion of your application or reapplication, we will help you provide proof, as needed.

NO PERSON WILL BE EXCLUDED FROM ANY PROGRAMS OF THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES BECAUSE OF RACE, COLOR, SEX, RELIGIOUS CREED, POLITICAL BELIEFS, NATIONAL ORIGIN, OR DISABILITY. SUCH DISCRIMINATION IS PROHIBITED BY BOTH FEDERAL AND STATE LAWS.

SIGNATURE OF WORKER _____

DATE _____

TELEPHONE _____

☐ CLIENT

☐ CASE RECORD

VERIFICATION CHECKLIST

IF YOU DO NOT UNDERSTAND ANY OF THE ITEMS LISTED BELOW OR WANT TO KNOW WHY THE INFORMATION OR PROOF IS NEEDED, WE WILL EXPLAIN IT TO YOU AT THE INTERVIEW.

- ☐ Personal identification such as: driver's license, Social Security card, military discharge papers, or document showing your signature, photograph, or description. Acceptable for SNAP: A signed statement from someone who knows you and can tell us, in person or over the phone, who you are.
- ☐ Proof of your mailing address, if you have one, such as, rent or mortgage receipt, utility bill, driver's license, or other paper that shows where you live. If you have no papers with your address readily available, you can give us the name of a person who can tell us, in person or over the phone, where you live.
- ☐ If you do not have a home or a fixed mailing address, please give us an address where you can receive mail, and the name of a person who knows you and can tell us, in person or over the phone, that you live in Pennsylvania and are not in the state solely for vacation purposes.
- ☐ Social Security number for every household member who has one, or proof of application for a Social Security number.
- ☐ Birth verification for _____.
- ☐ Medicare Cards (Part A and Part B)
- ☐ If anyone in the household is a veteran, or is now in the military service, bring any papers that show serial number, or Social Security number, date of enlistment and discharge, veteran's claim number, pension, disability compensation awards, or allotments.
- ☐ Proof such as current school documents or correspondence which shows that your children age 16 or older attend elementary or secondary school or an equivalent level vocational or technical school.
- ☐ Marriage License
- ☐ Proof of disability of any household member.
 - ☐ This must be on a form provided by the Department.
- ☐ Release Papers from any Penal or Corrections institution including the name and phone number of the corrections officer.
- ☐ Bills or receipts for medical services received in the past 4 months including cost of medical insurance, dental care, and prescriptions.
- ☐ The amount of support you are paying to your spouse or dependents who are residing in or out of your home.
- ☐ Proof of shelter and utility costs, such as lease, rent receipt, mortgage payment book, tax receipts, home insurance, telephone, electric, fuel oil, coal, gas, water, sewage, garbage, and utility installation bills or receipts.
- ☐ Other _____
- ☐ Citizenship papers or alien/refugee registration cards for any persons in the household who were not born in the United States.
- ☐ Name, address and proof of the income and resources of your sponsor if you are a sponsored alien.
- ☐ Names and addresses of certain relatives not living with you: your husband or wife, or parent of any child for whom you want assistance. Bring their Social Security numbers, and if these relatives are working, bring the names and addresses of the people or companies for whom they work.
- ☐ Divorce papers or other proof that your spouse or the parent of any child for whom you are applying is absent from your home (such as a written statement from a non-related third party.)
- ☐ We will want to know how much money or other help you get from relatives. If there are any court orders for support from relatives, bring your court order card or number.
 - ☐ Printout from the court to verify monthly payments.
- ☐ Information concerning medical insurance coverage of children for whom you are applying which is carried by the child's absent parent.
- ☐ Proof of pregnancy. We require a written statement from your doctor, clinic, or other medical source showing the expected delivery date.
- ☐ Registration cards for every motor vehicle owned by household members (car, truck, camper, boat, motorcycle, snowmobile) along with payment books or other documents showing balance owed, if any, and the value of the vehicles.
- ☐ Car Insurance Information.
- ☐ Proof of application for benefits as follows:
 - ☐ SSI ☐ Sick Benefits/Disability
 - ☐ Social Security ☐ Veterans' Benefits
 - ☐ Workers' Compensation ☐ Unemployment Compensation
 - ☐ Other _____
- ☐ Proof of resources you own or own jointly such as:
 - ☐ Savings or checking accounts, Christmas or Vacation Club Accounts (Current Bank Statement and Passbooks): _____
 - ☐ Hospitalization, health or accident insurance policies
 - ☐ Federal or State Income Tax Refunds
 - ☐ Cash on Hand ☐ Life Insurance Policies
 - ☐ Burial Funds ☐ Burial Plots
 - ☐ Stocks or Bonds ☐ IRAs
 - ☐ Credit Union accounts ☐ Certificates
 - ☐ Trust Funds ☐ Mutual Funds
 - ☐ Other _____
- ☐ Proof of earned income and work expenses of household members such as:
 - ☐ Name, address, and telephone number of employer for anyone who is employed.
 - ☐ Pay stubs for the last 30 days.
 - ☐ Pay stubs for the last 4 months.
 - ☐ Proof of expense for child care (babysitter) or for care of a disabled adult.
 - ☐ Transportation expenses for employment.
 - ☐ Name, address and telephone number of former employer.
 - ☐ Written statement from last employer verifying last day of work, date of last pay, and reason for termination.
- ☐ Proof of income from:
 - ☐ Training allowances ☐ Rent or board
 - ☐ Dividends ☐ Tips
 - ☐ Interest ☐ Odd Jobs
 - ☐ Alimony or support ☐ Other _____
- ☐ Latest income tax form or other reliable proof of income from self-employment and costs of producing self-employment.
- ☐ Proof of other income such as award letters of notices for:
 - ☐ Social Security ☐ Pensions
 - ☐ Union Benefits ☐ Veterans' Benefits
 - ☐ Unemployment Comp. ☐ Workers' Compensation
 - ☐ Black Lung Benefits ☐ Sick Benefits
 - ☐ Allotments ☐ Railroad Retirement
 - ☐ Educational loans, grants, scholarships, and work study; and related expenses including tuition.
 - ☐ Other _____