



DOCUMENTATION HELP GUIDE FOR HRA PROGRAMS

The Benefits Plus Learning Center has incorporated tips and policy guidance, as well as ways to submit documents for Cash Assistance SNAP and Medicaid.

Households are required to verify information in their application and recertification forms for benefits.

Each household must be given information regarding verification requirements at application and recertification.

Applying households should receive a Documentation Receipt, EXP-76R verifying the documentation the household submitted to the center.

This is not an official government document. This guide incorporates NYC Form W-119D.



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<p>Identity & Age Must document who you are, your age and the age of each person applying for assistance, where appropriate.</p> <p>NOTE: If there is an authorized representative, both the authorized rep and applicant must verify identity.</p>	<p>Primary documentation</p> <p> <input type="checkbox"/> Adoption papers <input type="checkbox"/> Birth/Baptismal Record <input type="checkbox"/> Driver's License <input type="checkbox"/> Hospital/doctor's records <input type="checkbox"/> Naturalization certificate <input type="checkbox"/> Photo ID <input type="checkbox"/> U.S. Passport <input type="checkbox"/> U.S. Military card or draft record or U.S. Coast Guard Merchant Mariner Card </p> <p>Secondary documentation</p> <p> <input type="checkbox"/> *Birth/Baptismal certificate <input type="checkbox"/> Social Security Number (or official correspondence from SSA) <input type="checkbox"/> Statement from another person </p> <p>Expedited SNAP The only necessary documentation is proof of <u>*identity</u> of the household member who is applying and a signature on the SNAP application. Verification of identity can include a statement from a worker at a shelter or other social service professional.</p>		



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<p>Marital Status Must document if married, divorced, separated, or widowed.</p>	<p>Primary documentation <input type="checkbox"/> Marriage/Death Certificates <input type="checkbox"/> Separation Agreement <input type="checkbox"/> Divorce decree <input type="checkbox"/> Social Security Records</p> <p>Secondary documentation <input type="checkbox"/> Statement from Clergy <input type="checkbox"/> Census Records <input type="checkbox"/> Statement from Another Person <input type="checkbox"/> Newspaper Notice</p>		
<p>Absent/Death of Parent(s) A parent of any child in a household is not living in the household or is deceased, this must be documented.</p>	<p>Primary documentation <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Tax Returns <input type="checkbox"/> Death Certificate <input type="checkbox"/> Survivor's benefits <input type="checkbox"/> Hospital Records <input type="checkbox"/> VA or Military Records <input type="checkbox"/> Monetary Determination Records <input type="checkbox"/> ID Cards (health Insurance) <input type="checkbox"/> Driver's license or registration</p>	<p>If parent is absent from the household, an "Absent Parent" form should be submitted.</p>	



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<p>Residency Must document where you live.</p>	<p>Primary documentation <input type="checkbox"/> Statement from landlord/Primary Tenant <input type="checkbox"/> Current rent receipt <input type="checkbox"/> Mortgage records/book/statement</p> <p>Secondary documentation <input type="checkbox"/> Statement from another person <input type="checkbox"/> Current mail <input type="checkbox"/> School records <input type="checkbox"/> Utility bill</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p> NOTE</p> <p>Obtaining Address Information: According to HRA Policy Directive #06-126-ELI, address information obtained on an active Medicaid case may be used to verify residence for SNAP only cases.</p> </div>	<p>Original documents only</p> <p><input type="checkbox"/> Government ID card with address <input type="checkbox"/> Postmarked envelope, postcard, or magazine label with name and date (cannot use if sent to a P.O. Box) <input type="checkbox"/> Driver's license issued within past 6 months <input type="checkbox"/> Utility bill (gas, electric, cable), or correspondence from a government agency which contains name and street address <input type="checkbox"/> Official School records <input type="checkbox"/> Letter/lease/rent receipt with home address from landlord <input type="checkbox"/> Property tax records or mortgage statement</p>	
	<p>When an applicant is not the primary tenant: Use Primary Tenant Statement W-147-Q https://www1.nyc.gov/assets/hra/downloads/pdf/benefits/w_147q.pdf.</p>		
<p>Citizenship/ Immigration Applicants must document immigration status in the U.S.</p>	<p><input type="checkbox"/> U.S. Birth Certificate* <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Hospital records <input type="checkbox"/> U.S. Passports <input type="checkbox"/> Military service records <input type="checkbox"/> Naturalization certificate or a certificate of citizenship issued by the United States Department of Homeland Security. <input type="checkbox"/> Evidence of continuous U.S. residence since prior to 1/1/72.</p>		<p>Note: <i>As of October 1, 2010 individuals who declare to be U.S. citizens and provide a valid Social Security number will no longer have to provide proof of citizenship and identity as a condition of eligibility when submitting applications for Medicaid.</i></p>




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	<p>Documenting Immigrant Status: USCIS documentation proving immigration legal status (only one of the following is needed)</p> <p>___ Permanent Resident Card (I-551) also known as a “Green Card” except for conditional permanent residents*</p> <p>___ Foreign Passport with a Form I-551 stamp</p> <p>___ Form I-668B or I-766 Employment Authorization Documents (EAD). These documents indicate that an immigrant is authorized to work in the U.S. They both indicate an immigrant’s status.</p> <p>___ Form I-94 Arrival/Departure Record An I-94 can be used to verify the immigrant’s status only if the I-94 is clearly marked with the applicant’s specific qualified immigration status. For example: Refugees, Cuban/Haitian Entrants, Asylees etc.</p> <p>*Conditional Permanent Residency has a two-year expiration date. An expired I-551 card coded with category CR-1, CR-2, CR-6 or CR-7 <u>cannot</u> be used as proof of status because the conditional residency status has expired. Please consult with immigration expert for other options if this is the case.</p>	<p>Secondary documentation</p> <p>___ Final adoption decree</p> <p>___ Official record of military service showing place of birth</p> <p>___ Certification of birth abroad, as well as evidence of their identity, such as a driver’s license or photo ID.</p> <p>There are also third and fourth tiers of the acceptable documentation that can be used.</p> <p>For a comprehensive list go to the CMS – HHS Issues Citizenship Guidelines for Medicaid Eligibility. https://www.cms.gov/newsroom/fact-sheets/hhs-issues-citizenship-guidelines-medicaid-eligibility</p>
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	<p>Also see:</p> <ul style="list-style-type: none"> • Replacement Documentation https://bplc.cssny.org/benefit_tools/6 • Resources for Immigrants https://bplc.cssny.org/benefit_tools/11 	<p>Undocumented immigrants and non-immigrants, if otherwise eligible, may receive Medicaid coverage for care and services necessary for the treatment of emergency medical conditions only, not including care and services related to an organ transplant procedure.</p> <ul style="list-style-type: none"> • Pregnant women may receive Medicaid coverage without regard to immigration status, if otherwise eligible. • Children may receive medical assistance without regard to immigration status under the Child Health Plus program.
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	<p> ADVOCACY TIP</p> <p>Lost or Expired Immigration Documents</p> <p>If a noncitizen applicant indicates that s/he has lost the documentation which confirms his/her immigration status, or the documentation presented has expired, the agency must attempt to obtain the verification either through the SAVE clearance or by using a database on the USCIS website. See HRA Policy Bulletin #15-09-ELI for more details http://onlineresources.wnyc.net/nychra/docs/pd_15-09-eli.pdf.</p>
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Income Regularly recurring payment, counted in the month received.	Earned Income																
	<p>From Employer</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">___ Pay stubs</td> <td style="width: 33%; border: none;">___ Business records</td> <td style="width: 33%; border: none;">___ Letter from employer</td> </tr> <tr> <td style="border: none;">___ Income tax records</td> <td style="border: none;">___ Income tax records</td> <td style="border: none;"></td> </tr> </table> <p>From Self Employment</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">___ Current income tax return</td> <td style="width: 33%; border: none;">___ Quarterly Tax payment (Schedule C)</td> <td style="width: 33%; border: none;">___ Records and related materials concerning self-employment earnings and expenses</td> </tr> </table> <p>Income from rent or room/board</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">___ Current contribution check</td> <td style="width: 33%; border: none;">___ Statement from roomer, boarder, tenant</td> <td style="width: 33%; border: none;"></td> </tr> </table> <p>Income off the Books</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">___ Self attest</td> <td style="width: 33%; border: none;">___ MAP DOH-4443 (<i>Financial Maintenance</i> form can be used to document off-the-books income and/or if being supported by another person, non-legally responsible)</td> <td style="width: 33%; border: none;"></td> </tr> </table>			___ Pay stubs	___ Business records	___ Letter from employer	___ Income tax records	___ Income tax records		___ Current income tax return	___ Quarterly Tax payment (Schedule C)	___ Records and related materials concerning self-employment earnings and expenses	___ Current contribution check	___ Statement from roomer, boarder, tenant		___ Self attest	___ MAP DOH-4443 (<i>Financial Maintenance</i> form can be used to document off-the-books income and/or if being supported by another person, non-legally responsible)
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	<p>Unearned Income</p> <p>Child Support (whether it is received or paid) <input type="checkbox"/> Statement from Family Court <input type="checkbox"/> Check stubs <input type="checkbox"/> Statement/canceled checks or records from person paying support <input type="checkbox"/> Official correspondence from the Child Support Enforcement Unit</p> <p>In receipt of benefits (Unemployment, Social Security, SSI, workers compensation, Veterans Benefits) <input type="checkbox"/> Current award certificate <input type="checkbox"/> Current benefit check <input type="checkbox"/> Official correspondence with NYS Department of Labor, Social Security Administration, or Veterans Affairs</p> <p>Educational Grants and Loans <input type="checkbox"/> Statement from school <input type="checkbox"/> Statement from bank <input type="checkbox"/> Statement from agency administering grant/award letter</p> <p>Other unearned income (i.e. pension) <input type="checkbox"/> Current award letter <input type="checkbox"/> Current benefit check <input type="checkbox"/> Contact with source of income <input type="checkbox"/> Current contribution check; Support payment <input type="checkbox"/> Official correspondence from the source of income</p>
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 <p>ADVOCACY TIP</p> <p>Applicants with No Income: According to HRA Policy Directive #05-137-ELI, individuals with no income who are applying for SNAP only, should not be forced to apply for Cash Assistance if they do not want it.</p>
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<p>Resources/Assets</p> <p>Assets, property that can be converted into cash.</p>	<p>___ Current Bank statements for all accounts: savings, checking, etc (Bank statements downloaded from the internet are acceptable)</p> <p>___ Current Credit Union records</p> <p>___ Statement of current value of stocks, bonds, certificates, mutual funds</p> <p>___ Trust fund agreement or court records</p> <p>___ Burial fund, Burial plot agreement</p> <p>___ Funeral Agreement</p> <p>___ Statement from life Insurance policy, with conversion chart</p> <p>___ Statement or record from source of Lump Sum Payment</p> <p>___ Statement from household attesting to the value of resource</p>	<p>Resources are not considered when assessing eligibility for:</p> <ul style="list-style-type: none"> Households who are <u>non-elderly/non-disabled</u> who pass the gross income test (below 130% FPL) Elderly/disabled households whose gross income at or below 200% FPL. <p>Resources <u>will be considered</u> and verification of resources will be required for:</p> <ul style="list-style-type: none"> Elderly and disabled households whose gross income is <u>above</u> 200% FPL. 	<p>Effective January 1, 2010, the resource test is eliminated for all non-SSI- Related individuals at initial application and renewal.</p> <p>Resource information/documentation will continue to be required from all members of “mixed households” (households with an applying SSI-related member).</p> <ul style="list-style-type: none"> Those seeking community based long-term care, such as personal care services, hospice, CHHA, private duty nursing, waiver and Lombardi services must document resources for the month of application and at renewals only. (current month) Those seeking long-term care (nursing home care) must document resources for the past 49 months, if applying in February 2010, (50 months in March 2010, 51 months in April 2010 and so on until February 2011 when a total of 60 months resource look back must be documented). 60 months for trusts.
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	<p>___ Statement from nursing home ___ If own home, property deed ___ Non-homestead property, including deeds, public real estate records ___ Motor Vehicle - any one of the following: registration, title, appraisal ___ Other Resources, please bring necessary documentation</p>		<p> ADVOCACY TIP Resource Attestation Use this Medical directive to enforce the right to self attest www.wnylc.net/pb/docs/Alert9-9-04.pdf.</p>
<p>Disabled/ Incapacitated/ Pregnancy</p>	<p>___ Statement from doctor, clinic or hospital verifying disability and/or pregnancy and expected date of birth ___ Statement from medical Professional declaring disability or pregnancy. ___ Documentation of SSDI/SSI</p>	<p>Same as for CA. In addition:</p> <p>Disabled To receive the advantageous budgeting for SANP purposes you need to be <u>receiving a disability benefit</u>. Note: Some immigrants may have to document receipt of certain disability benefits to meet the immigration criteria for SNAP. Please refer to <i>Benefits Plus</i>.</p> <p>Work Rules SNAP will not make a disability determination. However one can</p>	<p>Forms must accompany the Medicaid application (DOH-4220).</p> <p>Adult Applicants 21-64, who need to be certified disabled by Medicaid.</p> <p>___ DOH-5143 - Medical Report for Determination of Disability (completed by each physician) ___ DOH 5139 - Disability Questionnaire (Completed by the individual or a social services professional) ___ MAP 252F - AIDS or AIDS Related Complex Medical Report (only if disability claim is AIDS related) ___ MAP-751E - Authorization to Release Medical Information</p>



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	<p>benefits for disability/blindness</p> <p>___ Certified disabled from Medicaid.</p>	<p>be considered “disabled” for the SNAP work requirements. The applicant/recipient will need a letter from a medical professional verifying the inability to participate in any work activity.</p>	<p>Children under 21, who need to be certified disabled by Medicaid.</p> <ul style="list-style-type: none"> ___ DOH 5139 Disability Questionnaire completed by the parent, guardian or representative ___ DOH 5151 Childhood Medical Disability Report completed by an acceptable medical source; in lieu of this form, the provider may submit all progress notes and testing reports for the requested period. ___ DOH 5152 Questionnaire of School Performance completed by a teacher or school official, along with most recent IEP report, if applicable. ___ DOH 5153 Description of Child’s Activities completed by a parent or guardian. <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p> NOTE</p> <p>This process is NOT needed if the Medicaid applicant is already receiving Social Security Disability (SSD) or if blind has a certificate from the visually handicapped agency.</p> </div>



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Expenses

Documentation of expenses is not necessarily a requirement for benefits. However, it is to the advantage of an applicant to document household expenses for Cash Assistance and SNAP benefits. Medicaid may also request this information.

Shelter Expenses/
Utility expenses

You must document how much rent you are charged and other household expenses.

- Current rent receipt/lease/mortgage records
- Landlord statement which includes the address of the applicant and amount paid to the landlord
- Garbage/trash collection bills or receipts
- Property and school tax records
- Sewer and water bills
- Homeowner's insurance records
- Fuel bills
- Non heating utility bills (Such as Con Edison, Key Span)
- Telephone bills (or a statement from the household that the expense is incurred)

Not applicable for Medicaid, however Medicaid has the right to inquire how an individual meets their daily expenses to explain the maintenance

Use **Primary Tenant Statement W-147-Q** when an applicant is not the primary tenant:
https://www1.nyc.gov/assets/hra/downloads/pdf/benefits/w_147q.pdf.



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Medical Bills	<input type="checkbox"/> Copies of the actual bill (Paid or unpaid) <input type="checkbox"/> Provider Statement of Health Insurance Premiums <input type="checkbox"/> Medicare Prescription Drug Card	SNAP Only households with an elderly or disabled member may submit medical bills for a more generous budget calculation.	Applicants seeking retro-coverage for unpaid medical bills, up to 3 months prior to the application month, should provide the medical bill/s along with their income and resources for the requested retro-month . Medicaid bills older than 3 months (viable bills) can be used for current and future coverage, depending on the amount of bill and consumer surplus amount. Note: Medicaid does not pay viable bills.
Child Care Expenses	Not applicable for CA	Advisable to provide for SNAP and Medicaid <input type="checkbox"/> Letter from provider (informal) <input type="checkbox"/> Receipt or a letter from day care provider	
Child Support	If you pay child support, you need to document this expense (see above "Income" for documents needed)		



ADVOCACY TIPS

Presenting originals or copies of documents

For SNAP, copies of documents are acceptable whenever proof of eligibility is presented.

For Cash Assistance and Medical Assistance original documents are needed to verify identity and citizenship/immigration status. Copies of documents for all eligibility factors other than identity and citizenship/immigration status are acceptable. See [HRA, Policy Bulletin \(PB\) #08-21-OPE](#), for more information and to use in any advocacy efforts.



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 **ADVOCACY TIPS**

If client is unable to obtain required documents.

Applicant/Recipients should make an effort to obtain the required documents to process their application. However, when an applicant/recipient makes an effort to obtain the required documentation and is unsuccessful HRA workers have a duty to assist with obtaining the documentation. Use [Policy Directive #16-04-OPE](#), in your advocacy efforts.

 **ADVOCACY TIPS**

SNAP Renewals/Recertification

If a household fails to provide missing documentation to complete their recertification, their SNAP case will close. However, the local SNAP office will reopen the case, without requiring a new application, only if the missing verification is submitted within 60 days of turning in the recertification on time.



ADVOCACY TIPS

Medicaid Renewals/Recertification for Non-MAGI

If a recipient fails to complete the renewal application their case will close. The recipient will need to go to the local Medicaid office or a Facilitated Enroller within 30 days of the case closing and have the opportunity to reapply with the benefit of a “renewal application”, which requires less documentation than a new application.

- The recipient should use the Mail Renewal Notification form to complete the process.
- Because the Medicaid case has “closed”, request that the “renewal application” be retroactive to the date of case closing, so any services received during this time can be billed retroactively from the date of case closing.

If it is more than 30 days after the effective closing date, a new application must be submitted.