

REQUEST FOR INFORMATION

ES-3105.1
04-11

To: _____
Address: _____

Case Number:
Date:

We need the following information to determine/redetermine your eligibility for

- cash food medical child care assistance.

The items checked below must be provided no later than _____ or your _____

Income and Resources

- Paychecks received by _____ for the months of _____
- A signed statement from _____ employer showing gross earnings, number of hours worked, how much paid per hour, and dates paid for the month(s) of _____
- Proof of self-employment income and expenses for the month(s) of _____
- A benefit letter or other proof from _____ that shows the monthly gross income for each member of your household that receives it.
- Proof of child support and alimony received in the month(s) of _____ including county and court order number.
- Proof of saving, checking, and/or debit account balance(s).

Expenses

- Proof of child or dependent care expenses.
- Proof of child support paid in the month(s) of _____ including county and court order number.
- Medical bills for the month(s) of _____

Citizenship and Identification

- Proof of citizenship or alien status for _____
- Birth verification and one other piece of identification for _____
- Social Security Number (SSN) and/or proof of applying for a SSN for _____

Medical

- Verification of life and/or burial insurance, including policy name, number, year of issue, face value, and current cash surrender value for each policy.
- Health insurance card or copy of front and back of card.

Child Care

- Daily schedule of child care needed for each child. (use agency form if attached.)
- Name of DCF child care provider selected.
- Copy of work schedule for _____
- School schedule for each child.

TANF/Cash and work programs

- Appointment with _____ Date: _____ Time: _____ Location: _____
- Proof of unemployment application for _____
- Proof of school enrollment for _____

Other

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- Doctor's statement for _____ including the nature of the disability and length of time unable to work. (Use agency form if attached.)
- Complete application/review form.
- We will call you for an interview on _____ at _____ at phone number Date _____ Time _____
- Complete PMDT Packet/Questionnaire.

If you have any questions or if you need assistance in obtaining any of this information, call _____ at _____

Local Office: _____