

**ACCESSING HEALTH AND HUMAN SERVICES PROGRAMS
MOST COMMONLY REQUESTED DOCUMENTS**

	Adult Financial	Adult Medical Assistance	Colorado Works (TANF) Temporary Assistance to Needy Families	Family Medical Assistance	Food Assistance	General Assistance	Low Energy Assistance Program (LEAP)	Long Term Care	Medicare Savings Program
Required Documents									
Proof of Identity	✓	✓	✓	✓	✓	✓	✓	✓	✓
State ID or Driver's License									
Birth Certificate									
Baptismal Certificate									
School Identification									
Military Identification									
Proof of Citizenship	✓	✓	✓	✓			✓	✓	✓
Certificate of Naturalization									
Certificate of US Citizenship									
US Passport									
Birth Certificate									
Proof of Resident Alien Card (If not a US Citizen or other residency documents)	✓	✓	✓	✓	✓		✓	✓	✓
Proof of Residency	✓	✓	✓		✓	✓	✓	✓	✓
Proof of Social Security Number(s) or proof of application for a social security card	✓	✓	✓	✓	✓		✓	✓	✓
Proof of Pregnancy			✓	✓					
Proof of Immunizations			✓						
Student Information			✓		✓				
Financial Aid Forms									
School Enrollment/Attendance									
Proof of Marital Status	✓	✓	✓					✓	✓
Proof of Income	✓	✓	✓	✓	✓	✓	✓	✓	✓
If unearned income: child support and/or spousal support award letter, copies of check received or statement from child support services									
Proof of Resources all current bank statements, vehicle registrations, life and/or burial insurance policies, retirement accounts, property, life estate agreement	✓	✓	✓		✓	✓		✓	✓
Proof of Expenses	✓	✓	✓	✓	✓	✓	✓	✓	✓
PROOF OF INCOME & EXPENSES: If you have any of the documents listed in the two sections below bring them with you									
INCOME					EXPENSES				
If <u>employed</u> : copy of most recent pay stub with name of employer and person who worked OR Signed statement from employer with gross monthly income stated and the dates received.					For <u>care of a child or disabled adult</u> : receipts, bill or cancelled checks that show name of the person cared for, cost of the care, and the name of there person who paid for the care.				
If <u>self-employed</u> : copy of last year's federal income tax return (with Schedule C) or last 3 months profit and loss statement.					For <u>court ordered support payments</u> : receipt, cancelled check or money orders or Family Support Registry				
If <u>disabled or retired</u> : copies of award letters and/or current benefits.					For <u>housing and utility costs</u> : receipts or vendor's bills showing user's name and amount due.				
If <u>currently receiving benefits</u> : proof of the amount (i.e. unemployment insurance, Social Security, workers compensation, veteran income checks or disability insurance.					For <u>self-employed</u> : signed receipts, cancelled checks or statements from whom you get your supplies and other related expenses.				
If <u>income from a loan or cash contribution</u> : copy of loan papers with the name of person who is receiving the loan, the amount and current balance. A statement with the name of the person who is providing cash contribution, the individual receiving the cash contribution, the amount, frequency of receipt of cash contribution.					For <u>medical cost for the disabled or persons age 60 or older</u> : bills, receipts or cancelled checks that show the name of the person who incurred the expenses, cost and the name of the person who paid for the care.				

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