

Your appointments are scheduled as follows:

Eligibility:	Social Work Intake:	Lab:
Please bring ve	rification of identity, residency, income ar health insurance/benefits to your eligibi	• • • • • • • • • • • • • • • • • • • •
I. <u>Identification</u> Na	nme must match one used on application. *two	o forms of identification required for grants
☐ Unexpired T	exas: Driver's License, State ID, Learner's P	ermit or Temporary License
•	t have one of the above, you can bring on Department of Corrections, Metro or Govern	
Matricula Consul	t have anything listed above, you can brin ar, Passport, Birth Certificate, Legal Permear oyment Authorization Card or Citizenship/Nat	nt Residence Card, US Immigration
2. Residency Docu	ment must include legal name and address tl	hat matches one used on application.
☐ Unexpired TX I	Driver's License, State ID or Vehicle Registra	tion Card
☐ Utility Bill, no o	lder than 30 days, (cell phone bills cannot be	used) or ¹ Paystub
☐ Business/gove	rnment correspondence with name and addre	ess pre-printed (such as IRS Tax
return transcript, v	rerification of non-filling, W2 or 1099)	
☐ Copy of Lease	, Rental or Mortgage Agreement, and or Prop	perty tax receipt
☐ Recent Social	Security, Medicaid/Medicare, or Food Stamp/	TANF benefit award letters
☐ Current Voter's	Registration or Post office records verifying	current address or change of address
☐ Any piece of m	ail addressed to client dated within 30 days (both
•	tents inside envelope must be provided) prov	ing item
went through the r	mail system	
¹ Paystub not accep	oted for SFS or MAP	
3. <u>Income for Each</u>	Member of Household (bring all that are ap	oplicable)
☐ Employed: bri	ng 1 month's current paystubs that show inco	ome
☐ Student: brin	g proof of enrollment and financial aid	
•	Self-employed or work as contract labor: DSHS Self Employment form or income mayborms)	• •

☐ Receiving Benefits: bring copy of current benefit award letter
☐ Supported by someone else: person providing support, must complete a Supporter Statement
Form (ask eligibility for the form)

4. Verification of any and all medical insurance and/or benefits, such as: Medicare, Medicaid, Veteran's Health Benefits, ACA Marketplace or Private Insurance

Note, if you are homeless or undocumented, and are not able to supply verification of residency or income, substitute forms are available. Please ask eligibility for a copy and how to complete.

Contact us at 512-978-9100 if you have any questions.