

ST. LAWRENCE COUNTY DEPARTMENT OF SOCIAL SERVICES
MEDICAL ASSISTANCE, CANTON, NEW YORK 13617 (315) 379-2119

CASE NAME:

CASE #: M

DATE:

RECERTIFICATION DOCUMENTATION REQUIREMENTS: In connection with your application or Recertification you must provide proof of the eligibility factors checked. Your worker must receive this proof no later than _____.

- Original Birth Cert., Baptismal Cert., or Drivers License for _____
- Copy of Social Security card or proof of application for _____
- Doctor's disability statement or, if pregnant an EDC statement
- Copy of Marriage Certificate/Divorce Decree

RESOURCES

- Last _____ months statements/bank books (checking, savings, credit union)
- Stocks, bonds, IRA, 401K, retirement account-current value/accessibility
- Life insurance policy for _____ Current cash value _____
- Value statement from qualified dealer for _____
- Copy of vehicle registration or vehicle title
- Established burial fund and/or prepaid burial arrangements.

SELF-EMPLOYED

- Current Income taxes or books verifying income and expenses for last _____ months.

WAGE VERIFICATION

- Last 4 weeks pay stubs for _____
- A signed, dated employer's statement showing the last 4 weeks gross earnings for _____.

VERIFICATION OF UNEARNED INCOME

- Unemployment letter or stub for the last 4 weeks
- Social Security or SSI award letter
- Court ordered support or alimony agreement
- Veteran's benefits award letter
- Workman's Compensation/NYS Disability
- Tuition, fees, books, _____ Financial Aid Statement, _____ all loans, grants scholarships and awards _____ semester college bill _____

HOUSEHOLD EXPENSES

- Occupancy statement
- Landlord's statement completed by landlord or rent receipt and occupancy statement
- HUD/Subsidized Housing Statement
- Mortgage payments, land contract, trailer contract
- Fire insurance on home
- Taxes (land, school, and village)
- Child care signed, dated statement from sitter for last 4 weeks
- Verification of medical expenses, actual paid receipts, drug store printout, etc

 OTHER:_____
Medicaid Social Welfare Examiner379-2
Phone Number