

EXHIBIT

VERIFICATION CHECKLIST
Michigan Department of Human Services (DHS)

We need your help to determine your eligibility for: Family Independence Program,
 Child Development & Care, State Disability Assistance, Medical Assistance,
 Food Assistance Program, SER, Other: _____

To help us, please: Complete and return the enclosed application.
 Bring checked proofs to your interview, return by mail, or bring to DHS.
 Attend an interview on _____ at _____
 Location: _____
 _____ must also come to the interview

Grantee Name				
Grantee Client ID				
Case Number			Date	
County	District	Section	Unit	Specialist

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Important Information:
 Call me right away if you cannot come to the interview or if you have any questions or problems getting the proofs. I will help you get the proofs if you ask for help. If the information must be provided on a DHS form, the form is enclosed.

You must get the proofs to me or call me by the due date below. **If you do not, your benefits may be denied or cancelled.**

DUE DATE	SPECIALIST NAME	TELEPHONE	FAX #
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PERSONAL AND MEDICAL RECORDS

- Drivers license/ID card(s) for _____
- Social Security card(s) for _____
- Health insurance card(s) for _____
- Proof of school attendance (DHS-3380) _____
- Proof of immigration/alien status for _____
- Copy of court papers on divorce, separation or child support.
- Paternity acknowledgment for _____
- DHS-1201, Non-FIP Child Support Services Application
- DHS-4578, Child Care Education Verification
- DHS-4575, Child Care Family Preservation Need Verification
- DHS-4025, Child Care Provider Verification
- DHS-220-A, Day Care Aide Provider Application
- DHS-220-R, Relative Care Provider Application
- Proof of pregnancy and expected date of delivery
- DHS-54-A, Medical Needs
- DHS-49, Medical Examination Report

ASSET RECORDS (For you and everyone living in your home)

- Current (within last 30 days) bank statements for all savings, checking, and money market accounts (DHS-20, Verification of Assets.)
- Titles to any cars, trucks, snowmobiles, campers, boats, farm equipment, motorcycles, trailers, etc., that you own or are buying
- Records of any assets sold or transferred in the last 60 months
- Proof of current status of pending lawsuit(s)
- Statement from a nursing home of money held for you
- Copy of original trust papers and any changes made
- Proof of current value and availability of: stocks, bonds, notes, saving certificates, annuities, IRA or 401K accounts.
- Records of all mortgages or land contracts you hold
- Life Insurance – proof of ownership, face value, and current cash surrender value (DHS-4786, Life Insurance Verification)
- Burial accounts or contracts
- Bring/send records for **all** assets that you have

INCOME RECORDS (For you and everyone living in your home)

Proof of the Amount Received:

- DHS-38, Verification of Employment Income
- Paycheck stubs for _____
- Records of self employment income and expenses (DHS-431) for _____
- Income from renters, roomers, and/or boarders
- Unemployment Compensation (DHS-32, UCB Information Request)
- Child support or alimony for _____
- Military allotment
- Social Security/Supplemental Security Income (RSDI/SSI)
- Veterans Benefits Pension/Retirement Income
- Sick pay, Workers Compensation or disability benefits
- Tribal Gaming Revenue (casino profit sharing)
- Bring/send records of **all** income that you have

HOUSEHOLD EXPENSES

- DHS-3688, Shelter Verification
- Current proof of rent, mortgage or land contract payments
- Property tax and insurance bills on your home for past year
- Current bills or receipts for gas, cooling, electricity, sewage and water, garbage removal, telephone
- Current medical or child care bills or receipts
- Health or medical insurance premium proof
- Child support expenses – court order and proof of payment
- Other _____

Department of Human Services (DHS) no discrimina contra ningún individuo o grupo a causa de su raza, religión, edad, origen nacional, color de piel, estatura, peso, estado matrimonial, sexo, orientación sexual, identidad de sexo o expresión, creencias políticas o incapacidad. Si usted necesita ayuda para leer, escribir, oír, etc., bajo la Acta de Americanos con Incapacidades, usted está invitado a hacer saber sus necesidades a una oficina de DHS en su área.

إن تمييز إدارة الخدمات الإنسانية (DHS - Department of Human Services) ضد أي شخص أو مجموعة بسبب العرق، الجنس، الديانة، العمر، المنشأ العرقي، اللون، العرق، الوزن، الحالة الزوجية، المعتقدات السياسية أو الإعاقة إن كنت تحتاج إلى مساعدة في القراءة والكتابة والسمع... إلخ، نذكركم أن تمييز إدارتنا معروفة لدى مكتب DHS في المنطقة التي تعمل فيها عملاً بقانون الأمريكيين ذوي الإعاقة (Americans with Disabilities Act).

"The USDA is an equal opportunity provider and employer."
 DHS-3503 (Rev.11-08) Previous edition obsolete. MS Word

Original – Client Copy – Case Record