

#### Approved Document List for CARE Verification

### **Income Based**

Document	Maximum Document Age	Document Verification
Alimony/ Child Support	12 Months	<ul> <li>Bank statement with Direct Deposit Source (Gross Amount)</li> <li>Check or Check stubs</li> <li>Most recent court document</li> <li>Affidavit from the recipient/Notarized Document</li> </ul>
Capital or Other Gains	12 Months	<ul> <li>1099 (01/01 to 06/30 only)</li> <li>Federal Income Tax filing showing gross income with W2 or 1099 (01/01 to 06/30 only)</li> </ul>
Disability or Unemployment	12 Months	<ul> <li>1099 (01/01 to 06/30 only)</li> <li>Check or Check stubs</li> <li>Most recent Award Letter/Notice of Action</li> </ul>
Foster Care/ VA Benefits/ Workers Comp.	12 Months	<ul> <li>Checks or Check stubs</li> <li>Most recent Award Letter/Notice of Action</li> <li>Bank Statement with Direct Deposit Source (Gross Amount)</li> </ul>
Gambling/ Lottery Winning	12 Months	Case-by-Case (ESA Approval Required)
General Relief/ Cash Assistance	12 Months	<ul> <li>Bank Statement with Direct Deposit Source (Gross Amount)</li> <li>Most recent Award Letter/Notice of Action</li> <li>Un-cashed checks</li> </ul>
Insurance/ Legal Settlements	12 Months	<ul> <li>Settlement document</li> <li>Check stubs, Annuity Letter, or Bank Statement</li> </ul>
Interest/Dividends	12 Months	<ul> <li>Bank Statement with Direct Deposit Source (Gross Amount)</li> <li>Customer's investment statements</li> <li>Federal Income Tax filing showing gross income with W2 or 1099 (01/01 to 06/30 only)</li> </ul>
Monetary Gifts	12 Months	Bank Statement with Direct Deposit Source (Gross Amount)     Affidavit from the gift giver
Pension/401K(IRA) payment or withdrawl/ disbursement	12 Months	<ul> <li>1099-R (Accepted All Year)</li> <li>Bank Statement with Direct Deposit Source (Gross Amount)</li> <li>Check or Check stubs</li> <li>Most recent Award Letter/Notice of Action</li> </ul>
Rental Income or Royalties	12 Months	<ul> <li>Rental agreement specifying rent amount and affidavit</li> <li>Rental receipts</li> <li>Tax return form 1040 and Schedule E showing rental income (01/01 to 06/30 only)</li> </ul>



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School Grants/ Scholarships/ Student Aid	12 Months	<ul> <li>Cancelled checks</li> <li>Most recent Award Letter/Notice of Action</li> </ul>
Self Employment Earnings	12 Months	<ul> <li>Affidavit from an applicant or accountant</li> <li>Federal IncomeTax filing showing gross income with W2 or 1099 (01/01 to 06/30 only)</li> </ul>
SSA - Social Security	12 Months	<ul> <li>Federal Income Tax filing showing gross income with W2 or 1099 (01/01 to 06/30 only)</li> <li>Most recent Award Letter/Notice of Action</li> <li>Screen print form issuing agency showing current participation</li> <li>The Agency Case Worker may fax information to Program Rep</li> <li>Un-cashed checks</li> <li>Bank Statement with Direct Deposit Source (Gross Amount)</li> </ul>
Union Strike Benefits	12 Months	Benefits payment stubs
Wages/Salaries/ Commissions	60 Days	<ul> <li>Payroll check stubs or Notice of Deposit</li> <li>Affidavit from the employer</li> <li>Federal Income Tax filing showing gross income with W2 or 1099 (01/01 to 06/30 only)</li> </ul>



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# **Public Assistance**

Document	Maximum Document Age	Document Verification
Bureau of Indian Affairs	90 Days	<ul> <li>Award Letter or Notice of Action</li> <li>Bank Statement with Direct Deposit Source (Gross Amount)</li> <li>Screen Print from Issuing Agency</li> <li>Un-cashed checks</li> </ul>
LIHEAP	12 Months	CSD Form 43     Proof of LIHEAP Payment Utility
Medi-Cal	12 Months	<ul> <li>1095-B (01/01 to 06/30 only) DHCS 68-0317191</li> <li>3rd Party Medi-CAL Card (LA Care, IEHP, HealthNet, etc.)</li> <li>Adoption Assistance or Foster Care Award Letter</li> <li>Award Letter or Notice of Action</li> <li>Benefits ID Card (Issued with 12 months)</li> </ul>
Medi-Cal for Families	12 Months	<ul> <li>Award Letter or Notice of Action</li> <li>Current (&lt;60 days) Premium Statement (Not Past Due)</li> </ul>
NSLP (National School Lunch Program)	12 Months	Award Letter or Notice of Action
SNAP (Federal Supplemental Nutritional Assistance Program) CALFRESH	6 Months	<ul> <li>Award Letter or Notice of Action</li> <li>Fax from Case Worker</li> <li>Screen Print from Issuing Agency</li> <li>Screen Print from Website</li> </ul>
SSI (Supplemental Security Income)	12 Months	<ul> <li>1099 (01/01 to 06/30 only)</li> <li>Award Letter or Notice of Action</li> <li>Bank Statement with Direct Deposit Source (Gross Amount)</li> <li>Fax from Case Worker</li> <li>Screen Print from Issuing Agency</li> <li>Un-cashed checks</li> </ul>
TANF (Temporary Assistance for Needy Families) CALWORKS	12 Months	<ul> <li>Award Letter or Notice of Action</li> <li>Bank Statement with Direct Deposit Source (Gross Amount)</li> <li>Screen Print from Issuing Agency</li> <li>Un-cashed checks</li> </ul>
Tribal Headstart	12 Months	Award Letter or Notice of Action
Tribal TANF	12 Months	<ul> <li>Award Letter or Notice of Action</li> <li>Bank Statement with Direct Deposit Source (Gross Amount)</li> <li>Screen Print form Issuing Agency</li> <li>Un-cashed checks</li> </ul>
WIC (Women, Infants and Children)	60 Days	WIC Folder     WIC Voucher