

Ohio Department of Job and Family Services  
**APPLICATION/REAPPLICATION VERIFICATION REQUEST**

**PROOF OF U.S CITIZENSHIP FOR U.S. CITIZENS (applies to Medicaid only)**

Persons applying for Medicaid who are U.S. citizens must show proof of U.S. citizenship one time unless they receive Disability Medical Assistance, SSI, Social Security Disability Insurance, Title IV-B foster care services, Title IV-E adoption or foster care assistance, or are enrolled in any part of Medicare. Persons who are not U.S. citizens do not have to show proof of U.S. citizenship.

**Step 1** For each person who is applying for Medicaid who is a U.S. citizen, please provide one of the documents listed below in (a) Citizenship Documents. If a person does not have any of these documents go to step 2.

(a) Citizenship Documents under OAC 5101:1-38-02 (C)(2)(a)

- \* United States Passport
- \* Certificate of Naturalization (N-550 or N-570)
- \* Certificate of United States Citizenship (N-560 or N-561)

**Step 2** If a person does not have any of the documents listed above, please provide one of the documents listed below in (b) **BIRTH** document **AND** one of the documents listed below in (c) **IDENTITY** documents for that person.

**Birth Documents (b) OAC 5101:1-38-02(C)(2)(b)**

These documents do not fully satisfy the citizenship requirement. They satisfy the 'location of birth' requirement, but must be used along with an identity document, in order to document citizenship.

- \* United States birth certificate documents
- \* An amended U.S. public birth record, amended more than five years after the person's birth
- \* Certification of Birth Abroad (FS-545 or DS-1350)
- \* U.S. Citizen Identification Card (I-179 or I-197)
- \* Report of Birth Abroad of a Citizen of the United States of America (FS-240)
- \* Extract of a hospital record on hospital letterhead birth place, created at least 5 years before the initial Medicaid application, and includes a U.S. place of birth
- \* Medical record from a clinic, doctor or hospital, created at least 5 years before the initial Medicaid application and indicating U.S. birthplace or created showing U.S. birth place near the time of birth for children less than age 16 years
- \* U.S. Vital Statistics Official Notification of Birth Registration

**Birth Documents (b) (continued)**

- \* Statement signed by doctor or midwife who was present at the birth
- \* Northern Mariana Islands ID (I-873) or American Indian Card (I-872) or Native American tribal documents
- \* Final adoption decree showing name and U.S. place of birth
- \* Evidence of U.S. government civil service employment prior to 6/1/1976
- \* Official military record of service showing a U.S. place of birth
- \* Federal or state census records showing U.S. citizenship or U.S. birth place, including the person's age
- \* Nursing home or other institution admission paper showing U.S. birth place
- \* An affidavit made in accordance with OAC 5101:1-38-02

**Identity Documents (c) OAC 5101:1-38-02(C)(2)(e)**

These documents do not fully satisfy the citizenship requirement. This is for identity only and must be used along with a birth document.

- \* Driver's license or state identification (ID) card with a picture or other identifying items such as: name, date of birth, gender, race, height, eye color, address
- \* ID issued by a federal, state or local government agency or entity (must contain photograph of individual or other identifying items such as: name, date of birth, gender, race, height, eye color, address)

**Identity Documents (c) (continued)**

- \* U.S. military card, draft record or card, or U.S. Coast Guard Merchant Mariner card
- \* Military dependent's ID card
- \* School ID card (with photo)
- \* Native American Tribal document
- \* For children under 16 years old -school records or report card, nursery or day care records
- \* An affidavit made in accordance with OAC 5101:1-38-02

**PROOF OF IDENTITY (for Food Assistance and Cash Programs and must be provided for yourself & your authorized representative, if you have one)**

- \* drivers license
- \* state identification card
- \* voter registration card (not for Medicaid)
- \* school identification card (with photo)
- \* work badge or building pass (with photo)
- \* draft card or military ID
- \* U.S. passport or U.S. ID card
- \* credit card with signature
- \* clinic card or shot record (for pre-schoolers only)
- \* current report card, if available

**PROOF OF AGE (for Food Assistance and Cash programs) Proof of age is only needed for food assistance if you are age 60 or over and wish to claim a medical deduction or work exemption.**

- \* birth certificate
- \* delayed birth certificate
- \* baptismal record
- \* school record
- \* state or federal census record
- \* insurance policy
- \* marriage certificate (not license)
- \* military discharge papers
- \* draft card
- \* U.S. passport
- \* drivers license

**PROOF OF U.S. CITIZENSHIP OR ALIEN STATUS**

- \* U.S. Passport
- \* certificate of U.S. citizenship
- \* naturalization certificate
- \* consular report of birth
- \* INS I-94, I-151, or I-551
- \* alien registration card
- \* other Immigration and Naturalization Service documents

**PROOF OF OTHER DISABILITY**

- \* RSDI or SSI check
- \* RSDI or SSI award letter

**PROOF OF SOCIAL SECURITY NUMBER (for each person in need of assistance)**

- \* social security card
- \* correspondence from the Social Security Administration containing person's name and social security number
- \* award letter from Social Security Administration
- \* Medicare card
- \* employment records
- \* tax returns
- \* official document containing social security number
- \* copy of "SSA-5028", receipt for social security number application
- \* copy of "SSA-2853", from the Social Security Administration

**PROOF OF EMPLOYMENT TERMINATION**

- \* notification letter which shows the reason employment ended, the date the employment ended, and the amount of the last pay
- \* name, address, and telephone number of former employer(s)

**PROOF OF RESIDENCY**

- \* rent receipt with your name, address, amount paid, and landlord's name and phone number
- \* lease agreement
- \* mortgage book
- \* utility bills

**UTILITIES, PROPERTY TAXES, HOME INSURANCE, RENT/MORTGAGE (if you wish to receive credit for paying them)**

- \* rent or mortgage
- \* telephone
- \* gas or oil
- \* electric
- \* sewer
- \* home insurance
- \* property tax statement
- \* condominium fees

**PROOF OF OTHER EXPENSES**

- \* non reimbursable medical expenses if you are 60 or older or disabled and wish to claim a medical deduction
- \* dependent care expenses
- \* legally obligated child support payments paid to or for a non-assistance group member

## **PROOF OF INCOME OR HOURS WORKED**

- \* last four paycheck stubs
- \* letter from employer
- \* court support order or other legal document
- \* benefits (award) letter
- \* if self-employed, copy of last income tax statement
- \* rental income (statement from tenant)
- \* strike pay
- \* if self-employed, books or bookkeeper's name and phone number
- \* verification of hours worked for able-bodied adults without dependents

## **PROOF OF INELIGIBILITY FOR BENEFITS**

**(you must provide a letter or form which shows ineligibility or expiration of any of the following benefits for which you have applied)**

- \* social security
- \* supplemental social security (SSI)
- \* veterans benefits
- \* unemployment benefits
- \* worker's compensation
- \* disability or sick benefits
- \* union fund or pension benefits
- \* railroad retirement benefits

**PROOF OF ASSETS** (for each person in need of food assistance benefits; this does not apply if your assistance group is eligible for, Ohio Works First (OWF), Disability Financial Assistance (DFA) Disability Medical Assistance and/or Supplemental Social Security (SSI), or a member is authorized to receive Prevention Retention and Contingency (PRC) benefits or services or Ohio Benefit Bank (OBB) services) Proof of assets is also needed if you are in need of medical assistance.

- \* a written statement of cash on hand
- \* checking and/or savings account statement
- \* trust fund statement
- \* Keogh plans
- \* IRA's
- \* stocks or bonds
- \* life insurance policies
- \* annuities

**NOTE: To receive a food assistance deduction for the following expenses you must report and provide verification to your caseworker of: rent or mortgage payment, utility and/or other shelter costs, medical expenses, dependent care expenses, and legally-obligated child support paid to a non-household member. Failure to report or verify any of the above listed expenses will be seen as a statement by your assistance group that you do not want to receive a deduction for the unreported or unverified expense(s).**

**If you are applying for a cash or medical program, it may be necessary for you to provide additional information (e.g. proof of medical insurance coverage for each family member or proof of pregnancy.)**