

Applicant Name \_\_\_\_\_

Return All Necessary Documents by \_\_\_/\_\_\_/\_\_\_ (10 days from date of screening)

### **Family Planning Benefit Program Document Checklist**

Please see below for examples of documentation you need to provide as a part of the Family Planning Benefit Program (FPBP) application process. If you have not already provided the required documents, there will be a check mark in the box next to the item. Return required documents to the family planning services provider who screened you as soon as possible. The provider will send them to the New York State Department of Health (NYSDOH) Designated Agent to include with your signed and dated application so a determination of your ongoing eligibility for the FPBP can be completed. **If you were screened as presumptively eligible for the FPBP, the office must receive this required information including a signed, dated and completed application by the date above.** Your family planning services provider may be able to assist you with this application process including collecting your documents and sending them to the NYSDOH Designated Agency.

#### **Acceptable Forms of Documentation:**

**Application for FPBP (DOH-4282):**

This application form must be signed, dated and completed by you or by a representative who you have designated in writing.

**New York State Residency:**

Examples of proof include a current lease, letter from a landlord, rent receipt or mortgage statement; tax statements/bills; current bill or other statement; school letter, report card or records, postmarked envelope; driver's license with current address; magazine, postcard or brochure with a non-removable printed label.

**Social Security Number:**

You only need to provide your Social Security Number, or a receipt from the Social Security Administration stating that you have applied for a new number or a copy of an existing number. It is not necessary to provide the Social Security card.

**Proof of Citizenship / Identity / Satisfactory Immigration Status:**

See the reverse side of this form, for details of the various forms of acceptable proof. If are declaring to be a U. S. citizen or national, Medicaid will use your SSN to verify your U.S. Citizenship, including identity, through an electronic match with the Social Security Administration's records.

**Proof of Income:**

**If you are under age 21** and you live with your parent(s), you must provide their income information along with your own income information. If you are unable to do this without causing harm to your physical or emotional health or safety and/or it will interfere with the privacy and confidentiality of your receipt of FPBP benefits, you can provide only your own income information. If you are over the age of 21, you must provide proof of all household income. If you are married, you must provide your spouse's income if you are living together.

**Earned income** proof can include (but is not limited to) an employment letter, direct-deposit bank statements and/or paystubs (for the last 4 weeks). If you are self-employed, you may provide your most recent signed and dated tax returns (including all schedules) if they are representative of your current income. You may also provide a profit and loss business records statement for the last 3 months of income and expenses for your self-employment.

**Unearned income** proof can include (but is not limited to) Social Security Administration benefits correspondence, child support documents, unemployment insurance benefit documents, current bank statements showing regular deposits, workers compensation, no-fault or disability statements and/or a letter from a family member or other individual who gives you money.

**Other Health Insurance:**

If you are covered by other Health Insurance, and have requested Good Cause for us not to bill it for family planning services, and you are under age 21, you do not have to provide this insurance information. For individuals over age 21, please provide a copy of the insurance card (both sides) and as much information as you know about the other insurance. You may still claim Good Cause for us not to bill this insurance, but it is required we know about it. If applicable, include proof of the monthly amount of health insurance premium you pay for out of pocket so we can deduct it from your monthly gross income.

**Child Support you receive:**

You may provide correspondence from the State Child Support Unit, bank account statements identifying the deposits as child support, a letter from the person paying the support or a court order stating the amount of support if it reflects the amount currently received.

**Child Care Expenses you pay for:**

Receipts from the persons or agency you pay (out of your pocket) to care for your child (ren) showing the amount and the frequency of the payments.

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### **Documents which Establish Both Citizenship and Identity:**

Identity and U. S. citizenship or satisfactory immigration status must be documented if anyone new is applying for health insurance. If you are applying for health insurance and are declaring to be a U. S. citizen or national, if you provide your SSN or proof that an SSN was applied for, Medicaid will verify your SSN and birth information, including identity through an electronic match with the Social Security Administration's records. If the match is not successful, proof of identity and U.S. citizenship status may be required. All documents must be originals or copies certified by the issuing agency. For the purposes of qualifying as a U.S. citizen, the United States includes the 50 states, the District of Columbia, American Samoa, Swain's Island and, if born on or after certain dates, Puerto Rico, Guam, the U. S. Virgin Islands and the Northern Mariana Islands. **(If you provide one of the following, no other document is required for proof of citizenship/identity.)**

- U.S. Passport book/card; **or**
- Certificate of Naturalization (N-550 or N-570); **or**
- Certificate of U.S. Citizenship (N-560 or N-561); **or**
- NYS Enhanced Driver's License (EDL); **or**
- Native American Tribal Document, Certificate of Degree of Indian blood or other Native American/Alaska native tribal document with photo.

### **Documents which Establish Citizenship but also require one identity document**

- U.S. Birth Certificate
- Certification of Birth issued by Department of State (FS-545 or DS-1350); **or**
- Report of Birth Abroad (FS-240); **or**
- U.S. Citizen ID Card (I-197 or I-179); **or**
- Religious/School records; **or**
- Military record of service showing U.S. place of birth; **or**
- Final adoption decree; **or**
- Evidence of qualifying for U.S. citizenship under the Child Citizenship Act of 2000.

### **Documents which Establish Identity**

- State Driver's license or ID card with photo; **or**
- ID card issued by a federal, state, or local government agency; **or**
- U.S. Military card or draft record or U.S. Coast Guard Merchant Mariner Card; **or**
- School ID card with a photo; **or**
- Verified school, nursery or daycare records (for children under 16); **or**
- Clinic, doctor or hospital records (for children under 16).

**Current Immigrant Status must be provided for any new person applying or any person renewing whose status has changed in the past 12 months, or you must prove that you are in a satisfactory immigration status.**

### **Immigration Status/Identity**

- I-551 Permanent Resident Card ("Green Card"); **or**
- I-766 Employment Authorization Card.

### **Immigration Status, but require an additional identity document**

- I-94 Arrival/Departure Record; **or**
- USCIS Form I-797 Notice of Action; **or**
- Evidence of Continuous U.S. residence prior to January 1, 1972.

**These lists are not all inclusive.** If you do not have one of these documents, please contact the New York State Department Of Health Designated Agency for information about other documents that may be able to be used.