

County Department of Human Services  
DOCUMENT RECEIPT

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_

Your signed and dated application for assistance was received by our office on

\_\_\_\_\_. Therefore, your date of application is \_\_\_\_\_.

Our office received the documents checked below on \_\_\_\_\_.

Number of  
Items Received

Description of Verifications

_____	Alien Registration Card for _____
_____	Award Letter (SSI, RSDI, VA, etc.) for _____
_____	Baptismal Record for _____
_____	Basic Medical Form for _____
_____	Birth Certificates for _____
_____	Checking Accounts for _____
_____	Clinic Card or Shot Record for _____
_____	Consular Report of Birth for _____
_____	Credit Card with Signature for _____
_____	Court Support Order for _____
_____	Death Certificates for _____
_____	Divorce Papers for _____
_____	Draft Card or Military ID Card for _____
_____	Driver's License for _____
_____	Employment Verification for _____
_____	Federal or State Census Record for _____
_____	Incarceration (proof of) for _____
_____	Insurance Policy for _____
_____	INS I-94, I-151, or I-551 for _____
_____	Marriage Certificate for _____
_____	Medical Receipts for _____
_____	Military Discharge Papers for _____
_____	Monthly Report Form for _____
_____	Naturalization Certificate for _____
_____	Pay Stubs for _____
_____	Pregnancy Statement for _____
_____	Rent/Mortgage Payment Receipt _____
_____	Report Card for _____
_____	Savings Accounts for _____
_____	School Records for _____
_____	Self-Employment Records _____
_____	Social Security Cards for _____
_____	State Identification Cards for _____
_____	Utility Receipts for _____

\_\_\_\_\_ U.S. Passport of U.S. ID Card for \_\_\_\_\_  
\_\_\_\_\_ Voter Registration Cards for \_\_\_\_\_  
\_\_\_\_\_ Work Badge or Building Pass for \_\_\_\_\_

OTHER \_\_\_\_\_

Signature of CDHS Worker \_\_\_\_\_ Date \_\_\_\_\_