

Eligibility Verification Documents for Redetermination

PROOF OF ADDRESS (select one)

□Current pay stub (with address)

Utility bill (electric, gas, water), cable, internet, and landline phone dated within 12 months

Lease agreement (including signature page) or rent receipt dated within 12 months

□Government-issued document (ID)

□Military order for the service member in the U.S. Armed Forces

 \Box If living with someone – provide their residency document & a notarized statement written by homeowner confirming their address & that you & the child(ren) live in their home

PARENT/GUARDIAN DOCUMENTATION (IF EXPIRED)

Identification:

□ Florida Driver's License

□Valid picture identification (government issued)

PURPOSE FOR CARE ELIGIBILITY

PROVIDE DOCUMENTATION FOR ANY OF THE FOLLOWING FOR A SINGLE OR TWO-PARENT FAMILY:

Employment:

Current, up-to-date, and consecutive pay stub(s) (4 weekly - 2 biweekly/semi-monthly - 1 monthly)
Verification of Employment form (new job) & Loss of Employment form if you changed jobs
Self-employment (any of the following): business account ledgers (4 weeks); written documentation from

customers/contractors (4 weeks)- see self-employment packet for details

Exempt from Work:

Current Social Security Disability Award Letter with description of reason the income is awarded / Practicing licensed physician disability statement

□Retirement income benefits from the U.S. Social Security Administrator / Documentation from a licensed physician

Education:

Limited to GED programs, secondary educational programs, technical or vocational programs. A.A. (associates of arts), A.S. (associate of science), B.A (Bachelor of Arts), & B.S. (Bachelor of Science).

 \Box Official current school schedule from accredited education institution- must reflect credit hours & start/end date \Box School Verification form- must reflect credit hours & start/end date

Child Care Application and Authorization Referral:

□ Original referral authorized from CAREERSOURCE or PARTNERSHIP or ANOTHER COMMUNITY AGENCY signed by both you & your caseworker within the last 10 days

OTHER INCOME (IF APPLICABLE)

□Social Security benefits (Supplemental Security Income (SSI))

□ Reemployment assistance / Reemployment compensation benefits

□Temporary cash assistance

□Child Support

□Alimony

 \Box Adoption subsidy

□Worker's compensation benefits

□Veteran benefits / Retirement benefits

□ Proof of Relative Caregiver/Relative Caregiver (TANF) funds by obtaining the current printout

from DCF Access web account (must print detail pages that show the names of the children)

LOCAL FORMS

□Authorization to Release

□Anti-Fraud Acknowledgement

□Verification of Separation

