**Proof Required Desk Aid**

√ = proof required, ^ = proof required if self-declared information deemed questionable or fails reasonable compatibility for some programs

# = required for child receiving CC

| Required Information | Suggested Ways to Give Proof | Program Requirements |
| --- | --- | --- |
| EBD | BCP | FS | CC | CTS |
| ABAWD Work Requirement Exemptions | Agency Form, Statement from health care provider, social worker, or AODA service provider, Employer form/pay stub, tax document, Data Exchanges, known agency information, collateral contact, other acceptable written statement | N/A | N/A | √ | N/A | N/A |
| Address | Paystub, utility bill, non-ESS related mail, lease, mortgage statement, property tax bill, \*\*See Residency | ^ | ^ | ^ | √ | ^ |
| Age and Relationship | Birth certificate, adoption papers, alien registration card, hospital or medical records, baptismal certificate, school records or ID, court records, marriage certificate, divorce or separation papers or death certificate | ^ | ^ | ^ | √ | ^ |
| Burial Assets | Burial trust agreements, contract or deed for vault, casket or plot, and statement showing current value | √ | N/A | N/A | N/A | √ |
| Child Care Expenses | Signed statement from the child care provider or receipts and bills | N/A | N/A | ^ | N/A | N/A |
| Child Support (Income or Expenses) | Court order or payment record. Use KIDS for WI orders. Note: only court ordered, paid expenses are allowable for FS. | √ | N/A\* | √ | √ | √ |
| Citizenship Status | Passport, certificate of naturalization or citizenship, birth certificate, adoption papers, alien registration card, US Immigration form I-94, military ID card, hospital or medical records, nursing home admission record | ^ | √ | ^ | # | √ |
| Disability/Blindness\*FS allows statement or third party contact from VAVeterans Affairs disability benefits. | Statement, check, or third party contact from Social Security AdministrationStatement or collateral contact that proves a person receives a Railroad Retirement disability annuity and also qualifies for Medicaid, Statement or third party contact that proves that an individual receives GA and meets the SSA guidelines for a disability | √ | N/A | √\* | N/A | N/A |
| Earned Income\*\*see reasonable compatibility for EBD/BCP\*\* | All check stubs received in the last 30 days or a signed statement from your employer that includes gross earnings and pay dates expected for the next 30 days, Employer Verification of Earnings form. | √\* | √\* | √ | √ | √ |
| Health Insurance Access | EVF-H, Employer Statement, Collateral Contact, insurance card | ^ | √ | N/A | N/A | N/A |
| Identity | Passport, State or territory ***valid*** driver license, school records, certain U.S. American Indian or Alaska Native tribal documents, Written Affidavit (form HCF 10154), U.S. military card or draft record, U.S. Coast Guard Merchant Mariner card, identification card issued by state, federal or local government agency, pay stubs (CC), or any other reliable document that verifies identity  | ^ | ^ | √ | √ | ^ |
| Insurance Policies | Life insurance policy and the insurance company’s statement on the policy’s current cash value | √ | N/A | N/A | N/A | √ |
| MAGI Tax Deductions | Receipts, Bank Statements, Check Stubs, previous year’s tax forms | N/A | √ | N/A | N/A | N/A |
| Medical Expenses | Bills, receipts, print outs from pharmacy, clinic, or hospital. | √ | √ | √ | N/A | N/A |
| Monthly Rent or House Payment | Current rent receipt with landlord’s name and phone number on it, lease or mortgage papers, real estate property tax statement, homeowner’s insurance statement | ^ | N/A | ^ | N/A | N/A |
| Monthly Utility Expenses | Current utility and phone bills or statement from utility company. DXLI checked to verify WHEAP payments. | ^ | N/A | ^ | N/A | N/A |
| Other Savings and InvestmentsCertificates of Deposit, Retirement Accounts (including IRA and KEOGH accounts), Stocks or Bonds | Statement from stockbroker, copy of bonds, or current bank, credit union or savings and loan statement | √ | N/A | N/A | N/A | √ |
| Pregnancy | Statement from the doctor | ^ | ^ | √ | N/A | N/A |
| Pre-Tax Deductions | Check stubs, employer record | N/A | √ | N/A | N/A | N/A |
| Property: Land, Stocks, Bonds, Cash, Vehicles, etc. sold, traded, transferred or given away in the last 36 months | Deeds, sales agreement, contract or title, or dated and signed sales slip | √ | N/A | N/A | NA | √ |
| Real Estate | Deeds or titles, real estate receipts or tax records and statement of current value from local business | √ | N/A | N/A | N/A | √ |
| Residency\*\*For homeless individuals, do not request residency verification unless there is suspicion of them being out of state. | Non-ESS mail received, utility bill received in client’s name, pay stub, lease, mortgage receipt, real estate tax statement, motor vehicle registration, Wisconsin Driver’s License, statement from a shelter, or individual providing temporary residence. | ^ | ^ | √ | √ | ^ |
| Savings and Checking Accounts | Current credit union or bank statements | √ | N/A | N/A | N/A | √ |
| School Enrollment or Other Status\*Must verify enrollment of 18 year olds for CTS | Letter from school, report card, diploma, GED certificate or high school equivalency diploma | N/A | ^ | ^ | √ | √\* |
| Self-Employment Income | Most recent income tax returns (including Schedules SE, F, or C) or bookkeeping records | √ | √ | √ | √ | √ |
| Social Security Number (SSN)FSH 3.13.1.2, CTS 3.1.12, BCPH 6.1, MEH 10.1, CC 1.7.9 | Social Security card, award letter from Social Security Administration, hospital discharge letter referencing the newborn’s SSN application, or receipt for SSN application | ^ | ^ | ^ | # | √ |
| Student Loans, Grants, Scholarships, and Fellowships\*OM pending for CC | Financial aid award letter or receipt from the financial aid office showing date aid received and amount | √ | √ | N/A | √\* | N/A |
| Tax Filing Status | Self-declared, Tax Filing Information Form, Taxes | N/A | ^ | N/A | N/A | N/A |
| Trust Funds | Trust agreement or court order | √ | N/A | N/A | N/A | √ |
| Unearned Income | Aware Letter, copy of last check, or DX query. | √ | √ | √ | √ | √ |
| Vehicles - cars, trucks, boats, campers, snowmobiles, and other motorized vehicles (For Medicaid, only if household owns more than one vehicle) | Car title or registration, written statement from car dealer, loan papers or sales receipt, or State Division of Motor Vehicle statement | √ | N/A | N/A | N/A | √ |