

Georgia Department of Human Resources VERIFICATION CHECKLIST

_____ County Department of Family and Children Services

Case Number
Case Manager / Caseload
Telephone Number
Date

The items checked below must be received by _____ (Due Date). If you cannot get the requested information or need more time, contact your case manager by phone or mail by _____ (Due Date). Your case manager may give you more time and may be able to help you get the information you need. Bring in or mail the items checked below or we will be unable to determine eligibility for an individual or the entire assistance unit.

TANF	Medicaid	FS		TANF	Medicaid	FS	
			Check stubs or statement from employer for:				Written Statement with name, address, and signature of any person(s) giving you any child support, alimony, or any other contributions.
			Proof of citizenship such as birth certificate/ proof of age for:				Address, social security number, phone number, and other information about the absent parent(s).
			Social Security card or number/ application for:			NA	Proof you have applied for:
			Bank statement: no more than 30 days old with account name, number, balance, and bank info.				Statement from physician or health department to verify pregnancy and due date.
	NA	NA	Immunization Form 3231 for:				Letter of Award for Social Security, SSI, Veterans benefits, unemployment benefits, worker's compensation for:
		NA	Other: HIPAA Form				Other:

Bring in or mail proof of items checked below or we will not use the expense as a deduction in Food Stamps, and we may not be able to determine your eligibility for TANF, Food Stamps, or Medicaid.

TANF	Medicaid	FS		TANF	Medicaid	FS	
	NA		Proof of rent /mortgage payment		NA		Proof of the amount of your gas, electric, telephone and other utility bills.
	NA		Proof of homeowner's insurance and/or property taxes.				Written statement of child care expenses for:
			Medical bills on which you still owe – physician, prescription drugs, health insurance premium, hospitalization.		NA		Proof of the legal obligation and the amount of child support paid to someone not in your home.
			Proof of the amount your insurance paid on your medical bills.	NA		NA	Other: Declaration of Citizenship Third Party Liability

If you want a hearing, fill out this form and return the top portion to your county Department of Family and Children Services office	Today's Date
Signature of Person Requesting Hearing	Telephone Number Where You Can Be Reached

Use this space to tell us why you want a hearing:

CHECK (✓) ONE

- ☐ I DO NOT WANT to continue receiving the assistance I now receive while waiting for the hearing decision.
- ☐ I WANT to continue receiving the assistance I now receive while waiting for the hearing decision. *I understand that **I WILL BE REQUIRED TO REPAY** the Department of Human Resources any overpayment in TANF cash assistance or Food Stamp benefits to which I was not entitled as determined by the hearing official.*

If your eligibility changes, you will be advised in writing. If, for any reason, you think proper consideration has not been given to your situation, you have the right to request a hearing with the Office of State Administrative Hearings.

Procedures for requesting a hearing are outlined below.

If you request a hearing within **14 days** from the date on the top front of this form, your TANF, FS, or Medicaid assistance may be continued, or your case returned to the same status it was in prior to this action, unless the hearing official decides the sole reason is one of state or federal law or policy.

HEARING PROCEDURES

You may request a hearing either orally or in writing by notifying the county Department of Family and Children Services. You have **30 days** from the date on this form to request a hearing for the TANF or Medicaid program. If you request a hearing for TANF or Medicaid orally, you have **15 days** from the date of your oral request to submit your request in writing. If you request a hearing for FS, you have **90 days** from the date of notification to request a hearing. The hearing is held for TANF, FS, or Medicaid by an Administrative Law Judge of the Office of State Administrative Hearings. Any member of the staff will be able to provide you with the necessary forms and assist you with requesting a hearing. Staff will also assist you with preparing for the hearing. You may be represented at a hearing by an authorized representative such as, legal counsel, a relative, a friend, or other spokesperson, or you may represent yourself. Free legal services may be available to you in your community. If you are interested in legal services, call the number for free legal services listed on the front of this form.