

_____ County DFCS

_____ AU# _____

_____ Date: _____

____An interview is also required by phone **or** at your home **or** at our office. You are scheduled for a
telephone/office interview on _____ at _____ with _____.

We need the following by:_____

___ Amount of monthly gross earnings for: _____
 ___ Declaration of Citizenship/Alien status
 ___ Social Security Number for: _____ and copy of Medicare card.
 ___ Copies of bank statements; checking/savings, certificates of deposit and any other investments
 ___ Copy of award letters for pension, retirement, disability, SSI, VA, Child Support
 ___ Workman's Compensation
 ___ Tag Receipt for vehicles
 ___ Copies of life insurance showing face value **and** cash value
 ___ Burial contract, burial funds, cemetery lots, burial designation form
 ___ Medical Records needed for disability determination
 ___ Copies of Medical Bills owed
 ___ Physicians Referral form, DMA 526 for Emergency Medical Assistance.
 ___ Health Insurance Information Questionnaire, DMA 285, completed and signed by:

☐ For Katie Beckett Deeming Waiver, psychological, DMA 6 completed by physician, care plan
 Other: _____
☐ Statement of shared household expenses
☐ Proof you have applied for _____ benefits.
☐ Information on real property; deed or property tax statement.
 Other: _____

Form 981 (Rev 02/08)