

NO PROOF BOX

This is found on the signature form

<input type="checkbox"/> New Cert <input type="checkbox"/> ReCertification <input type="checkbox"/> ReEnroll <input type="checkbox"/> InState Transfer <input type="checkbox"/> Out of State Transfer <input type="checkbox"/> Presumptive <input type="checkbox"/> Custody Change Date Cert Expires: _____											
Date of Certification: _____ Client Present: <input type="checkbox"/> YES <input type="checkbox"/> NO, Reason: _____											
IDENTIFICATION									RESIDENCY		
Proof Seen	DL	NE WIC Fldr	SS Card	State/ Frgn ID	Work/ School ID	BC	Purple WIC Card	Hosp BC	Other (list)		
Adult	<input type="checkbox"/>	<input type="checkbox"/>									
Minor	<input type="checkbox"/>	<input type="checkbox"/>									
Proof Seen	MC	Mail	Ck Stub	Lease	Other List						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
INCOME							30 DAY EXTENSION GIVEN			NO PROOF	
Proof Seen	MC	Pay Stub	SS/ SSI	Tax Form	Child Supp	Other (list)		Minor ID	Adult ID		
	<input type="checkbox"/>			Residency							
								Income			
								Date Proof Seen:			
<input type="checkbox"/> Zero: Reason why									<input type="checkbox"/> Res <input type="checkbox"/> ID <input type="checkbox"/> Income 1		
									Reason: 2		
									Client Initials 3		
Staff Signature/Title			Income Assessment		ID/Residency Assessment		Nutrition Risk Assessment		Food Package Prescribing		Check Issuance
_____			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
_____			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
_____			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
_____			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Notification That Benefits Are About to Expire Was Given On: _____									By: _____		
Ineligibility Documentation Given On: _____									Staff Initials: _____		Termination Code/Reason: _____

Complete the No Proof Box in rare circumstances when client is physically not capable of bringing in proof

- 1** Check the corresponding box indicating what proof (ID/residency/income), client is unable to provide
- 2** Write in the reason no proof is available on the "Reason" line
- 3** Have client initial the bottom line of the box