

Verifications Required for Benefits

In order to process an application or re-evaluation, the Department needs to verify household situations. Providing this information when submitting an application will help the Department complete the process much quicker.

Below are some examples of documents that may be used to prove certain aspects of the household status. Provide this information for each member of the household.

Proof of:	Examples of documents: <i>(Provide documents necessary to verify household situation)</i>
Identity	U.S. Passport Drivers license School ID card or records (children) Government-issued identification card U.S. Military ID
U.S. Citizenship (for anyone receiving health coverage who was born outside of Idaho)	U.S. birth certificate U.S. Passport Certificate of Naturalization U.S. Citizen ID card Hospital record on hospital letterhead created at birth (record must have been created at least five years ago)
Immigration Status (if not a U.S. citizen)	Resident Alien card or other residency document
Income (most recent 30 days)	Wage stubs Employer statement verifying income Self-employment documents such as tax returns Award letters Child Support Income
Resources (required for adult household members only, when applying for Medicaid)	Current value of stocks/bonds Current value certificates of deposit Current value of trust Most recent bank statements Printouts from local branch (include name, account #, and balance)
Shelter and Housing Costs	Mortgage Statement Rental or space rent receipt Lease agreement Property tax (including irrigation) Heating or Cooling costs
Private Health Insurance Coverage (for individuals receiving health coverage)	Copy of insurance card Health insurance policy
Child Support Expenses Withheld from Income	Written statement from the person receiving the payment Court documents Wage stubs showing the support payment withheld Statement from state agency (if not paid through Idaho)
Child Care Expense due to Work or Job Search	Written statement from person receiving the payment Court documents HW0427 Monthly Dependent Care form