

CSBG ELIGIBILITY CHECKLIST

Agency Name: _____ Application Date: _____

Customer Name: _____ Social Security Number (Last 4 # Only): _____

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION	
<p>1. Client Intake</p>	<input type="checkbox"/> Client Intake and Verification Form Completed	
<p>2. Household Composition</p>	<input type="checkbox"/> Number of all household members [_____]	
<p>3. Proof of Age (Documentation must be provided for all household members)</p>	<input type="checkbox"/> Birth Certificate/Hospital Birth Record <input type="checkbox"/> Military or State ID Card <input type="checkbox"/> Driver's License Card <input type="checkbox"/> DD-214, Report of Transfer or Discharge (if date of birth is shown) <input type="checkbox"/> Public Assistance/Medical Card <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____	<input type="checkbox"/> Number of household members for which the CSBG Eligibility Affidavit was signed _____
<p>4. Proof of Valid Social Security Number (Documentation must be provided for all household members)</p>	<input type="checkbox"/> Signed Social Security Card, Social Security Verification Letter or Printout <input type="checkbox"/> Driver's License (with Social Security Number) <input type="checkbox"/> State ID (with Social Security Number) <input type="checkbox"/> Military ID (with Social Security Number) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Number of household members for which the CSBG Eligibility Affidavit was signed _____
<p>5. Proof of Residency & A Valid Picture ID (Documentation must be provided for all household members)</p>	<p>Proof of Residency</p> <input type="checkbox"/> Letter from a Homeless Shelter <input type="checkbox"/> Letter from a Domestic Violence Center <input type="checkbox"/> Letter from the provider of the shelter for the individual or family with roof (not residing in a Homeless Shelter or Domestic Violence Facility) <input type="checkbox"/> State ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Chicago CityKey Card <input type="checkbox"/> Military ID <p>Proof of a Valid Picture ID</p> <input type="checkbox"/> State ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Chicago CityKey Card <input type="checkbox"/> Military ID	<input type="checkbox"/> Number of household members for which the CSBG Eligibility Affidavit was signed _____

<p>6. Household Income Source(s) and Income Calculations</p> <p>[Must be calculated for the applicant and all household members, for the 90-Day period prior to the application date]</p>	<p>Income received, by all household members, during the 90-Day eligibility period should be used to determine eligibility. Each income source must be calculated and documented. This may include, but is not limited to the items identified below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No Income Source (CSBG Affidavit, Zero Income Attestation Form and/or a statement from a supporting source: Family/Friend, MONDET Printout) <input type="checkbox"/> Temporary Assistance for Needy Families - TANF (including status of all eligible household members) <input type="checkbox"/> Supplemental Security Income - SSI, Social Security Disability Insurance - SSDI (Payment Stub, Eligibility Verification Statement, Printout from the Social Security Administration or SSA-1099 Form) <input type="checkbox"/> Medicaid/Medicare Eligibility Verification Statement <input type="checkbox"/> Unemployment Insurance (Payment Stub, UI Documents or printout) <input type="checkbox"/> Social Security (Payment Stub, Eligibility Verification Statement, Printout from the Social Security Administration or SSA-1099 Form) <input type="checkbox"/> Employment (Check Stub, Employer Verification, MONDET Printout) <input type="checkbox"/> Pension (Check Stubs, Bank Statements, W-2, Federal IRS 1099-Form) <input type="checkbox"/> Veteran's Benefits (Check Stubs, Military Benefits Printout) <input type="checkbox"/> VA Service – Connected Disability Compensation <input type="checkbox"/> VA Non-Service Connected Disability Pension <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Earn-Fare Statement/Records <input type="checkbox"/> Earned Income Tax Credit - EITC <input type="checkbox"/> Child Support (Court Decree, Payment Stubs) <input type="checkbox"/> Alimony or Spousal Support (Court Decree, Payment Stubs) <input type="checkbox"/> Other: _____
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Note: Documentation not provided at the time of intake must be provided by the customer at the next visit to the Agency.