

Victorville TAD/WTW/Child Care/PID
15010 PALMDALE RD
VICTORVILLE, CA 92392-2546

COUNTY OF SAN BERNARDINO

Date: 09/28/2022
Case Name: YOKYMIA ROBERTS
Case Number: 3428913
Worker Name: Shelley Cole
Worker ID: 36LS18JJ0C
Worker Phone Number: (760) 552-6219

YOKYMIA K ROBERTS
14900 ARLETTE DR APT 150
VICTORVILLE, CA 92394-2057

**On the back of this sheet is the
address for returning your form.**



COUNTY OF SAN BERNARDINO

Date: 09/28/2022**Case Name:** YOKYMIA ROBERTS**Case Number:** 3428913**Worker Name:** Shelley Cole**Worker ID:** 36LS18JJ0C**Worker Phone Number:** (760) 552-6219

FIRST-CLASS MAIL PERMIT NO. 1372 SAN BERNARDINO CA
POSTAGE WILL BE PAID BY ADDRESSEE

Victorville TAD/ESP/Child Care/PID
SAN BERNARDINO COUNTY HUMAN SERVICES
15010 PALMDALE RD
VICTORVILLE, CA 92392-9923

Please fold and ensure the County address information displays in the envelope window.



Request For Verification

You have asked for ☒ CalWORKs (CW) ☐ Refugee Cash Assistance (RCA) ☒ CalFresh (CF) ☐ Medi-Cal (MC)
☐ Cash Assistance For Immigrants (CAPI) ☐ General Assistance / General Relief (GA/GR)

We need proof from you to see if you can get (*or keep getting*) cash aid or other benefits. We have listed the information we need below. We will not deny or end your benefits as long as you try to get the proof and tell us if you are having problems. **PLEASE RETURN THIS FORM WITH YOUR VERIFICATIONS.**

Due Date	Item #	Item	Person	Program	Check (✓) the box that applies to you
10/11/2022	2	Income - Please provide a statement stating ~ I Yokymia declare under penalty of perjury that I was/am not receiving cash or food assistance in the month of August and ongoing through the state of Nevada. Sign and date and return to office.	ROBERTS, YOKYMIA K	<input checked="" type="checkbox"/> CW <input type="checkbox"/> RCA <input checked="" type="checkbox"/> CF <input type="checkbox"/> MC <input type="checkbox"/> GA/GR <input type="checkbox"/> CAPI	<input type="checkbox"/> I don't have the proof. <input type="checkbox"/> I tried but can't get the proof. <input type="checkbox"/> I know somebody who can verify this information. <input type="checkbox"/> I have filled out the Release form to get help.

We have listed types of proof on the back of this form. Sometimes we can accept other proof. Call the county if you have questions on whether another type of proof you have will be acceptable.

Tell your worker or call the county if you are having problems getting the proof. We can help you try to get the proof.

- Give us whatever proof you do have.
- Check the box above that applies to you for what you can't get, and turn this form in or call the county before the date the proof is due.
- If you need the county to help get the proof, fill out the "Authorization for Release of Information" form and return it to the county.
- **For CalWORKs only:** If there is a cost to get the proof, the county can pay the fee for you.
- If proof does not exist, you may be able to sign a sworn statement instead. (A sworn statement is only allowed for certain types of proof.)
- **For CalFresh only:** If you cannot get proof, someone outside of your household who knows the information (collateral contact) may be contacted by the county. (A collateral contact is only allowed for certain types of proof.)

If we do not get the proof or hear from you by the due dates listed above, we may have to deny, lower, or stop your benefits.

You can get a receipt for any documents you turn in to us in person. For your records, keep a copy of this form and any proof you mail us.



TYPES OF VERIFICATION/SOURCES OF PROOF

Listed below are examples of types of proof - you do not need to provide every document listed.
If you have other types of proof not listed, please call your worker.

1 Birth/Citizenship

- Birth certificate (original documents are required for Medi-Cal)
- U.S Passport
- Certificate of naturalization
- Baptismal certificate (*with date and place of birth*)
- Statement of witness to birth

2 Income

- 30 days of paycheck stub(s)
- Letter from employer with gross pay, hours worked, etc.
- Copy of child support check or payment stub
- Benefits award letter (*Social Security/Veterans/Unemployment/Disability, etc.*)
- Self-employment tax forms (*IRS Schedule C, etc.*)
- Receipts for work expenses if you are self-employed
- School grants/loans/financial aid statements
- Sponsor statement form

3 Immigration Status (*non-citizens*)

- Immigration papers/forms/cards (*copy of both sides*)
- Other proof from immigration (*USCIS*), such as: work authorization, letter of decision or court order, etc.

4 Property/Resources

- Vehicle registration
- Proof of loans or debts/liens on property
- Statement of joint ownership
- Mortgage bill(s)
- Property deed
- Bank statements
- Life insurance policy, stocks, bonds, IRAs
- Most recent retirement account statement(s)
- Sponsor statement form
- Settlements such as lawsuits and insurance claims
- Burial plots/crypts

5 Other Proof

- Child/dependent care receipts
- Statement from child/dependent care provider
- Receipts for school expenses
- Cancelled check/receipt for child/spousal support payments
- Death certificate, obituary, witness statement of death
- Court papers (*child support or spousal support order*)
- School attendance records.

6 Identity

- Drivers license or Identification card
- Photo ID (*from government agency, school, etc.*)
- Passport
- USCIS (INS) documents

7 Relationship

- Marriage certificate
- Domestic partner certificate
- Birth certificate
- Court papers (*divorce, guardianship, etc.*)

8 Housing and Utility Costs

- Rental agreement or rent receipts
- Mortgage bill
- Utility bill
- Property tax statement
- Home or renter's insurance bills
- Hotel/motel receipt
- Cancelled checks or copies
- Statement explaining housing arrangement

9 Residence

- Postmarked envelope or postcard addressed to you
- Utility bill
- Rental agreement
- Bill or other document(s) with your name and address
- Driver's license or Identification card
- Eviction notice/notice to pay rent or quit

10 Medical Expenses

- Medical bills or receipts
- Medical transportation bills or receipts
- Health or dental insurance policies or premiums
- Medicare card (*for Medi-Cal only*)

11 Medical Verification

- Proof of pregnancy from doctor or clinic, with expected due date
- Doctor statement or disability finding by an agency (*SSA/SDI/VA, etc.*)
- Medical verification form (CW 61)

12 Immunization Records (*for kids under age 6*)

- Stamped shot record/Immunization card
- Statement that immunizations are against your beliefs
- Statement from parent or caretaker relative explaining why you can't get immunizations
- Statement from doctor that immunizations are not available



AUTHORIZATION FOR RELEASE OF INFORMATION
****OPTIONAL FORM****

If you cannot get the proof you need, we may be able to get it for you. Fill out this form and send it to your worker

by _____. YOU ONLY NEED TO FILL OUT THIS FORM IF YOU WANT THE COUNTY TO CONTACT SOMEONE FOR YOU TO GET THE PROOF YOU NEED.

If you have questions about this form, or need help filling it out, ask your worker. You can also ask your worker for more copies.
Use a separate "Authorization for Release of Information" form for each person or each agency to contact.

To: _____,

I, _____, at _____

(PRINT NAME)

(ADDRESS)

give permission to _____ to give to _____

(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER)

(COUNTY SOCIAL SERVICES DEPARTMENT)

information regarding _____.

This permission ends by _____, or 60 days from the date signed, if no date is listed.

(DATE)

(Fill out form completely before signing.)

Signature of Applicant/Recipient	Date
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If this is for information of a minor, enter relationship to minor

