Look below for the items to bring with you to our meeting. I only need copies of these items. Keep the originals for your records. I only need items that apply to your case; for example, if you do not have a bank account, I will not need your bank statements.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Social Security Number** | | | | | | | | |
|  |  | Social Security Card | | | | | | | |
|  |  | Statement from Social Security | | | | | | | |
|  | **Citizenship** | | | | | | | | |
|  |  | US Birth Certificate | | | | | | | |
|  |  | Medicare Card | | | | | | | |
|  |  | Certificate of Naturalization | | | | | | | |
|  | **Immigration Status** | | | | | | | | |
|  |  | Registration Card | | | | | | | |
|  |  | Other: | | | |  | | |  |
|  | **Legal Representative (Current)** | | | | | | | | |
|  |  | Power of Attorney | | | | | | | |
|  |  | Guardianship Order | | | | | | | |
|  |  | Court Order | | | | | | | |
|  |  | Other: | | | | |  | |  |
|  | **Money From a Job** | | | | | | | | |
|  |  | Last 6 (six) Paystubs | | | | | | | |
|  |  | Statement From Employer | | | | | | | |
|  |  | Self-Employment Records | | | | | | | |
|  | **Award Letters or Paystubs From:** | | | | | | | | |
|  |  | Social Security | | | | | | | |
|  |  | Pension | | | | | | | |
|  |  | Veteran’s Benefits | | | | | | | |
|  |  | Supplemental Security Income | | | | | | | |
|  |  | Worker’s Compensation | | | | | | | |
|  |  | Unemployment | | | | | | | |
|  |  | Other: | | |  | | | |  |
|  | **Child Support You Pay** | | | | | | | | |
|  |  | Divorce Decree | | | | | | | |
|  |  | Court Order | | | | | | | |
|  |  | Letter from parent who pays showing how much, how often, and the | | | | | | | |
|  |  | date it is usually paid. This letter must be dated and have the name, | | | | | | | |
|  |  | address, phone number and signature of the parent who pays. | | | | | | | |
|  | **Child Support You Get** | | | | | | | | |
|  |  | Divorce Decree | | | | | | | |
|  |  | Court Order | | | | | | | |
|  |  | Letter from the parent who pays showing how much, how often, and the date it is usually paid. This letter must be dated and have the name, address, phone number, and signature of the parent who pays. | | | | | | | |
|  | **Loans, re-payments, and gifts (including someone paying bills for you)** | | | | | | | | |
|  |  | Loan Agreement | | | | | | |  |
|  |  | Statement – must be dated and have the name, address, phone number, and a signature | | | | | | | |
|  | **Bank Accounts (Current and the past 3 (three) months)** | | | | | | | | |
|  |  | Statements | | | | | | |  |
|  | **Stocks, Bonds, Trusts, or Annuities** | | | | | | | | |
|  |  | Statement | | | | | | |  |
|  |  | Trust Agreement | | | | | | |  |
|  |  | Annuity Contract | | | | | | |  |
|  |  | Stock Certificate | | | | | | |  |
|  |  | Bond Instrument | | | | | | |  |
|  | **Real Estate, Oil, Gas, Mineral Rights** | | | | | | | | |
|  |  | Tax Statements | | | | | | |  |
|  |  | Deeds | | | | | | |  |
|  |  | Mortgage Notes | | | | | | |  |
|  |  | Other: | |  | | | | |  |
|  | **Medical, Dental, and Private Insurance (Current and the past 3 (three) months)** | | | | | | | | |
|  |  | Bills | | | | | | |  |
|  |  | Receipts | | | | | | |  |
|  |  | Statements | | | | | | |  |
|  |  | Canceled Checks | | | | | | |  |
|  | **Insurance Policies (Showing the current cash value)** | | | | | | | | |
|  |  | Life | | | | | | |  |
|  |  | Burial | | | | | | |  |
|  |  | Health Insurance | | | | | | |  |
|  | **Continuing Care / Retirement Community** | | | | | | | | |
|  |  | Admission Contract | | | | | | |  |
|  |  | Other: | |  | | | | |  |
|  | **Determination of IDD Diagnosis** | | | | | | | | |
|  |  |  | | | | | |  |  |
|  | **Other:** | |  | | | | | | |
|  |  |  |  | | | | | | |