<table>
<thead>
<tr>
<th>DOCUMENTS NEEDED TO COMPLETE CARELINK APPLICATIONS</th>
<th>PHOTOCOPIES ARE NOT ACCEPTED-ORIGINALS ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROOF OF AGE/IDENTITY</strong></td>
<td><strong>PROOF OF ADDRESS</strong></td>
</tr>
<tr>
<td>You need one from box A or two from Box B (1 from each group)</td>
<td>You need one</td>
</tr>
</tbody>
</table>

**Box A**
- List A: (CHOOSE ONE)
  - Valid Passport
  - Permanent Resident Card
  - Naturalization/Citizenship papers with picture
  - Military ID with picture
  - Workers Authorization Card

**Box B**
- GROUP ONE (Photo I.D.)
  - Chicago CityKey card
  - Expired passport
  - Illinois Temporary Visitor Driver's License
  - Government issued photo ID i.e., State Driver’s license or State Identification Card
  - Valid Foreign consulate identification card
  - Worker’s permit identification w/picture
  - Foreign voter’s registration card with picture
  - Student picture ID

- **GROUP TWO (Identification Doc)**
  - Birth record
  - Notice to Appear
  - Form I-94, Departure Record
  - Naturalization Certificate without picture
  - Form I-797, Notice of Action
  - Travel Documents issued by U. S. Citizenship and Immigration Service
  - Adoption records
  - Social Security card
  - ITIN- Individual Taxpayers Identification Number
  - SSI/RSDI award letter
  - Voter registration card
  - Children’s Medicaid Card
  - Referral letters from state or local agencies on agency letterhead. (Examples: Any local entity such as a church, hospital or clinic NOT part of COHHS, nonprofit, neighborhood or community organization, shelter, a court or other government agency.)

- One recent utility bill (gas, light, phone, cable) – CANNOT BE MORE THAN 30 DAYS OLD
- One piece of Current US Business Mail with the patient’s name and current address (CANNOT BE CCH OR BULK OR JUNK MAIL) - CANNOT BE MORE THAN 30 DAYS OLD
- Voter’s Registration Card (With Current Address)
- Mortgage statement dated within 30 days of the interview date
- Current lease agreement, deed, or sales contract for home purchase (NO RENT RECEIPTS)
- Current Bank Statement
- Documentation of release from a Department of Corrections Facility to a Cook County Address
- Award letter from a Federal or State agency (Examples: Disability Award or Food Stamps) - CANNOT BE MORE THAN 30 Days Old
- Receipt of payment of property tax
- Referral letters from State or Local agencies on agency letterhead (Examples: Any local entity such as a church, hospital, shelter, and a court or government agency).
- Automobile Registration

- Room and Board Letter/Financial Assistance Statement-AND
- Clear Copy of Photo ID from Person Signing Letter (See Group I Above)
- FULL TIME JOB - Last 2 Pay stubs from Current Employer (If you get paid every week 4 pay check stubs, if every two weeks 2 paycheck stubs)
- PART TIME JOB - Last 4 Pay Stubs from Current Employer
- Last Year’s Federal Income Tax Return up until April 15 of the new year (FOR SELF EMPLOYED PERSONS ONLY)
- Signed letter from the employer on company stationery - MUST INCLUDE THE EMPLOYERS TELEPHONE NUMBER, RATE AND THE NUMBER OF HOURS THE PATIENT WORKS PER WEEK.
- UBER, LYFT or other ride sharing drivers – 4 current weekly statements
- Unemployment Compensation Letter or Check Stub
- Social Security, Medicaid, Disability (SSI) or Pension Award Letter for the current year
- Cash Payment Form
- Statement of Earnings from Social Security for the person applying for the program
- College Financial Assistance Award Letter
- DHS letter dated within the last 60 days regarding LINK CARD or Snap BENEFITS
- Referral letters from state or local agencies on agency letterhead. (EXAMPLES: Any local entity such as a church, hospital, shelter, a court or government agency)

- One Utility Bill from the person signing the Room and Board/Financial Assistance Statement Letter (See Group I Above)

**Box B**
- One Utility Bill from the person signing the Room and Board/Financial Assistance Statement Letter dated within 30 days.
- 1 piece of Current US Business Mail addressed to patient (Cannot be mail from CCH or Bulk or Junk Mail. Must have patient’s name and current address)
- Referral letters from State or Local agencies on agency letterhead (Examples: Any local entity such as a church, hospital, shelter, and a court or government agency).