

**DOCUMENTS NEEDED TO COMPLETE CARELINK APPLICATIONS PHOTOCOPIES ARE NOT ACCEPTED-ORIGINALS ONLY**

PROOF OF AGE/IDENTITY	PROOF OF ADDRESS	PROOF OF FINANCIAL ASSISTANCE (if applicable)	PROOF OF INCOME	PROOF OF ROOM AND BOARD LETTER (if applicable)
You need one from box A or two from Box B (1 from each group)	You need one	You need two	You need one	You need one from Box A and Box B
<p>Box A</p> <p>List A: (CHOOSE ONE)</p> <ul style="list-style-type: none"> <li>Valid Passport</li> <li>Permanent Resident Card</li> <li>Naturalization/Citizenship papers with picture</li> <li>Military ID with picture</li> <li>Workers Authorization Card</li> </ul> <p>Box B</p> <p><u>GROUP ONE (Photo I.D.)</u></p> <ul style="list-style-type: none"> <li>Chicago CityKey card</li> <li>Expired passport</li> <li>Illinois Temporary Visitor Driver's License</li> <li>Government issued photo ID i.e., State Driver's license or State Identification Card</li> <li>Valid Foreign consulate identification card</li> <li>Worker's permit identification w/picture</li> <li>Foreign voter's registration card with picture</li> <li>Student picture ID</li> </ul> <p><u>GROUP TWO (Identification Doc)</u></p> <ul style="list-style-type: none"> <li>Birth record</li> <li>Notice to Appear</li> <li>Form I-94, Departure Record</li> <li>Naturalization Certificate without picture</li> <li>Form I-797, Notice of Action</li> <li>Travel Documents issued by U. S. Citizenship and Immigration Service</li> <li>Adoption records</li> <li>Social Security card</li> <li>ITIN- Individual Taxpayers Identification Number</li> <li>SSI/RSDI award letter</li> <li>Voter registration card</li> <li>Children's Medicaid Card</li> <li>Referral letters from state or local agencies on agency letterhead. (Examples: Any local entity such as a church, hospital or clinic NOT part of CCHHS, nonprofit, neighborhood or community organization, shelter, a court or other government agency.)</li> </ul>	<ul style="list-style-type: none"> <li>One recent utility bill (gas, light, phone, cable) – CANNOT BE MORE THAN 30 DAYS OLD</li> <li>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</li> <li>Voter's Registration Card (With Current Address)</li> <li>Mortgage statement dated within 30 days of the interview date</li> <li>Current lease agreement, deed, or sales contract for home purchase (NO RENT RECEIPTS)</li> <li>Current Bank Statement</li> <li>Documentation of release from a Department of Corrections Facility to a Cook County Address</li> <li>Award letter from a Federal or State agency (Examples: Disability Award or Food Stamps) - CANNOT BE MORE THAN 30 Days Old</li> <li>Receipt of payment of property tax</li> <li>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).</li> <li>Automobile Registration</li> </ul>	<ul style="list-style-type: none"> <li>Room and Board Letter/Financial Assistance Statement-</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>Clear Copy of Photo ID from Person Signing Letter (See Group I Above)</li> </ul>	<ul style="list-style-type: none"> <li>FULL TIME JOB - Last 2 Pay stubs from Current Employer (<u>If you get paid every week 4 pay check stubs, if every two weeks 2 paycheck stubs</u>)</li> <li>PART TIME JOB - Last 4 Pay Stubs from Current Employer</li> <li>Last Year's Federal Income Tax Return up until April 15 of the new year (<u>FOR SELF EMPLOYED PERSONS ONLY</u>)</li> <li>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.</li> <li>UBER, LYFT or other ride sharing drivers – 4 current weekly statements</li> <li>Unemployment Compensation Letter or Check Stub</li> <li>Social Security, Medicaid, Disability (SSI) or Pension Award Letter for the current year</li> <li>Cash Payment Form</li> <li>Statement of Earnings from Social Security for the person applying for the program</li> <li>College Financial Assistance Award Letter</li> <li>DHS letter dated within the last 60 days regarding LINK CARD or Snap BENEFITS</li> <li>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)</li> </ul>	<p>Box A</p> <ul style="list-style-type: none"> <li>Room and Board Letter /Financial Assistance Statement-</li> <li>Clear Copy of Photo ID from the person signing the Room and Board/ Financial Assistance Statement Letter (See Group I Above)</li> </ul> <p>Box B</p> <ul style="list-style-type: none"> <li>One Utility Bill from the person signing the Room and Board/ Financial Assistance Statement Letter dated within 30 days.</li> <li>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)</li> <li>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).</li> </ul>