

# DOCUMENTS NEEDED TO COMPLETE CARELINK APPLICATIONS ORIGINAL NO COPIES

Updated 03/06/2025

Proof of Age/Identity *Documents for patient and spouse*	Proof of Address	Proof of Financial Assistance (if applicable)	Proof of Income *Documents for patient and spouse*	Proof of Room & Board Letter (If applicable)
You need one from box A or two from Box B (1 from each group)	You need one	You need one	You need one	You need one
<b>Box A</b> List A: (CHOOSE ONE) • Valid Passport • Permanent Resident Card • Naturalization/Citizenship papers with picture • Military ID with picture • Workers Authorization Card	<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> <li>• Signed attestation of homeless status</li> </ul>	<ul style="list-style-type: none"> <li>• Room and Board Letter/Financial Assistance Statement</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> <p>*Clear Copy of Photo ID from the person signing the Room and Board/Financial Assistance letter.</p> <p>*One Utility Bill from the person signing the Room and Board/ Financial Assistance letter dated within 30 days.</p> <p>* Patient 1 piece of current US Business Mail (<b>Cannot be mail from CCH or Junk Mail. Must have patient's name and current address.</b>)</p>	<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</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>	<ul style="list-style-type: none"> <li>• Room and Board Letter / Financial Assistance Statement</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> <p>*Clear Copy of Photo ID from the person signing the Room and Board/Financial Assistance letter.</p> <p>*One Utility Bill from the person signing the Room and Board/ Financial Assistance letter dated within 30 days.</p> <p>* Patient 1 piece of current US Business Mail (<b>Cannot be mail from CCH or Junk Mail. Must have patient's name and current address.</b>)</p> <p>*Clear Copy of Photo ID from the person signing the Room and Board/Financial Assistance letter.</p>
<b>Box B</b> <u>GROUP ONE (Photo I.D.)</u> • Government issued photo ID i.e., State • Driver's license or State Identification Card • Chicago CityKey card • Expired passport • Illinois Temporary Visitor Driver's License • Valid Foreign consulate identification card • Worker's permit identification w/picture • Foreign voter's registration card with picture • Student picture ID <u>GROUP TWO (Identification Doc)</u> • Birth record • Marriage License • 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 CCHHS, nonprofit, neighborhood or community organization, shelter, a court or other government agency.)				