



Before Child's Application can be processed the following information must be provided. Please bring documentation to the scheduled appointment.

1. Parent ID-
2. Child's Birth Certificate-**must be certified copy**
3. If child is foster child or adult caring for child is legal guardian – must have documentation showing custody.
4. If parent(s) are students- copy of current class schedule.
5. Proof of income – **bring both for each adult in the home**
 - a. Three months of current paystubs
 - i. Wage form -if no paystubs are available this will need to be filled out and signed by employer
 - ii. Unemployment statement from employment security commission
 - b. W-2, tax forms, last December check stub for 2014
6. Proof of additional sources of income:
 - a. Work First
 - b. SSI Disability
 - c. Social Security (SSA)
 - d. Child Support
7. Child's Medicaid Card or health insurance card
8. Child's Social Security Card
9. Proof of Residence- **must provide 2 sources -Must have parent's name and address-**
 - i. Certificate of Domicile-*If family lives with someone-that person must come to appointment with 2 forms of the following documentation and fill out Proof of Domicile form with family.*
 - b. **Source One-Please bring 1**
 - i. House Deed
 - ii. Current property tax statement
 - iii. Current lease agreement
 - iv. Closing or settlement statement
 - c. **Source Two-Please bring 1**
 - i. North Carolina DMV ID/Matricula Consular with name and current address
 - ii. Motor vehicle registration with name and current address
 - iii. Current utility bill (water, gas or electricity) with name and current address
 - iv. Current bank statement with name and current address
 - v. Current Medicaid card with name and current address.
10. Current Shot Records
11. Proof of Risk Factors- must bring in documentation if any of these apply.
 - a. Military Family-documentation showing military status
 - b. Chronic health- letter from doctor or current health assessment documenting condition
 - c. IEP- documentation showing child has IEP
 - d. Developmental Need-documentation from professional showing concern

Appointment Date: _____ **Appointment Time:** _____

Appointment Location: