



Attachment 4

A2A Eligibility Documentation

This form must be completed and retained in the client file

The client hereby applies for assistance under the A2A laws of the State of Missouri administered by the Department of Social Services (DSS). The client declares that the information provided given is true, correct, and complete to the best of their knowledge. They give permission to DSS to use information provided on this form for purposes of research, evaluation, and analysis of the program. They understand that they may be fined, imprisoned, or both under state or federal law if they make false statements on this application in order to get benefits I am not entitled to receive.

Section 1. Client Information			
Last Name:	First Name:	Middle Initial:	Other Last Names Used (if any):
Address (Street Name and Number)	Apt Number	City or Town	State
ZIP Code	Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	County of Residence
Telephone Number (with area code)	Race	Other:	

Section 1a. Citizenship	
<input type="checkbox"/>	1. A citizen of the United States
<input type="checkbox"/>	2. A noncitizen of the United States
<input type="checkbox"/>	3. A lawful permanent resident (Alien Registration/USCIS Number)
<input type="checkbox"/>	4. An alien authorized to work until (expiration date, if applicable) 1/1/2021 N/A <input type="checkbox"/> Some aliens may select "N/A" in the expiration data field (see instructions) Aliens authorized to work must provide only one of the following document number An Alien Registration/USCIS Number OR Form I-94 Admissions Number OR Foreign Passport Number 1. Alien Registration/USCIS Number: OR 2. Form I-94 Admissions Number: OR 3. Foreign Passport Number: Country of Issuance:

Section 1b. Father's Information		
Father of the baby		
<input type="checkbox"/> Known <input type="checkbox"/> Unknown	First Name	Last Name
Is the father employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Father's Income: \$	Frequency of Pay: Choose a frequency
Level of schooling completed	Is the father currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2. Authorized Representative Review and Verification

(Authorized representative must complete and sign Section 2 to enroll the client in the A2A program. You must physically examine TWO documents, one document from List A, one from List B from the "Lists of Acceptable Documents")

***If client is unable to provide acceptable documentation for review and verification, please describe the circumstances and efforts to obtain documentation.**

List of Acceptable Documents		
Client must present two selections – One selection each from List A and List B		
List A Documents that Establish U.S. Citizenship	AND	List B Documents that Establish Missouri Residency (Document Cannot be Expired) or Proof of Address Document Must Contain Client's Name and Must Be Within the Last 90 Days
1. Certified Birth Certificate with an official seal AND a social security card	AND	1. Missouri Driver's License or Non-Driver ID card
2. U.S. Passport or U.S. Passport Card		2. Missouri School Record
3. Permanent Resident Card or Alien Registration Receipt Card (From I-551)		3. Missouri Voter's registration card
4. Foreign Passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		4. Health insurance card
5. Driver's license or Non-Driver ID card from any U.S. state		5. Personal Property Tax Document
		6. Clinic, Doctor or Hospital record
		7. Utility Bill (sewer, internet, cable, telephone, cell phone, electric, gas, water, or trash)
		8. Bank Statement
		9. Paycheck Stub
		10. Mortgage Statement, Leasing, or Rental Agreement
		11. Auto Insurance Policy/Card
		12. "Safe at Home Card" Issued by Missouri Secretary of State
		13. Missouri Department of Social Services documentation if assistance (i.e. food stamps, TANF, child care assistance paperwork)
		14. Any recent bill in client's name
		15. Loans/bank records in client's name.

Identity and Employment Authorization Identity

	LIST A	AND	LIST B
Document Title	Document Title		Document Title
Issuing Authority	Issuing Authority		Issuing Authority
Document Number	Document Number		Document Number
Expiration Date (if any)	Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)

Section 3. Income Eligibility – Complete the attached A2A Income Eligibility Worksheet

(Client must be living at or below 185% of the Federal Poverty Level (FPL))

	Monthly Income \$
	Eligible
	Ineligible

Section 4. Proof of Pregnancy	
<input type="checkbox"/>	1. Positive Pregnancy Test Administered by the Contractor
<input type="checkbox"/>	2. Written Statement verifying pregnancy from a Licensed Health Care Provider
<input type="checkbox"/>	3. Women's Infant and Children (WIC) documentation of pre-natal enrollment
<input type="checkbox"/>	4. Ultrasound Picture

Section 5. Verification Client is not Receiving A2A Services from another provider <i>(Client self-attest she is not receiving A2A services in Missouri or out of state)</i>	
I attest, under penalty of perjury, that (1) I am not receiving A2A services from any other Missouri provider or participating in a program in any other state that provides services similar to A2A.	
Signature of Client:	Today's Date (mm/dd/yyyy)
<input type="checkbox"/>	Not receiving duplicative A2A services

Agency Certification: I attest, under penalty of perjury, that (1) this agency has administered a pregnancy test to the client and the results indicate the client is pregnant or I have examined the document(s) presented by individual named in Section 1 and (2) the above-listed document(s) appear to be genuine, relate to the individual named and affirm the client is pregnant.			
Signature of Agency Authorized Representative		Today's Date (m/dd/yy)	Title of Authorized Representative
Last Name of Authorized Representative	First Name of Authorized Representative		Organization Name
Organization Address (Street Name and Number)	City or Town	State	ZIP Code

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Signature of Client:	Today's Date (mm/dd/yyyy)

If the vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.sh