

Palm Beach County Food Bank – Benefits Outreach Program

Documents Checklist

Please bring as many as the following documents as possible to the interview. Please remember that some of these documents may not apply to you.

- **DCF Case Number** and **“My Access Account”** Information (Username, Password, Security Questions) if available.
- **Proof of identification:** Driver's license, photo id or similar documentation. (if applying for Medicaid it must be issued by State agency).
- **Proof of immigration status:**
(Passport, permanent resident cards, I-94 card, etc.)
- **Income verification:**
Most recent 4 weeks of paystubs (if paid weekly).
2 paystubs (if paid bi-weekly).
- Written statement of income source (must verify gross income).
- **If income stopped within the last two months:**
Provide a written statement from the ex-employer stating such; another option is to print the **Loss of Income Form (CF-ES 2620)** provided by the Department of Children and Families website: www.myflorida.com/accessflorida Go to General Information/Forms/DCF Forms Depository. Then, type **CF-ES 2620** on the **Form Number** space. Take the form to ex-employer to fill out and bring with you to the interview. Completing these steps will streamline the application process.
- **Regarding to loans:**
We need to verify that a payment plan has been established.
- Previous year's tax return (only if you own a business).
- **Amount of expenses on:** mortgage, property taxes, maintenance; rent, electricity, water, telephone, gas (for the home, not gasoline).
- If someone else pays some/all of your expenses (i.e. cell phone bill, rent, etc.), please bring letter stating such and have it signed by the person that pays with their contact information.
- Dependent care/Child care Information.
- Social Security numbers and D.O.B. for all applicants.
- Social Security Statements, if available.
- Proof of pensions, VA benefits, and/or union statements.
- Child Support Information.
- Unemployment information.
- Bank information (Bank name, balance).
- Health insurance Information (If any).
- Vehicle information: (year, make, and model).
- Medicare expenses: Copy of Medicare card.
- **Recurring Medical Expenses: (Clients 60-yr-old and up).**
Last Four Months of paid/unpaid medical bills/statements/receipts. Otherwise, it will not be considered a recurring expense.



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