

RECEIPT FOR DOCUMENTS

CASE # (IF KNOWN) _____

COUNTY NAME	APPLICANT/RECIPIENT'S NAME	SOCIAL SECURITY NUMBER (OPTIONAL)
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THIS COUNTY RECEIVED THE FOLLOWING:

- QR 3 _____ MONTH
- CW 7/ SAWS 7/QR 7/MC 176 _____ MONTH
- Birth Certificate(s)
- Social Security Card Number Verification
- Citizenship/Non-Citizen Records
- Pregnancy Verification
- Pay Stub(s):
- Other: _____
- Report Cards/School Attendance Records
- Dependent Care Verification
- Rent Receipt
- Utility Bills
- Medical Bills
- Immunization Records

RECEIVED BY	TITLE	DATE RECEIVED