

RECEIPT FOR DOCUMENTS

CASE # (IF KNOWN) _____

COUNTY NAME	APPLICANT/RECIPIENT'S NAME	SOCIAL SECURITY NUMBER (OPTIONAL)
-------------	----------------------------	-----------------------------------

THIS COUNTY RECEIVED THE FOLLOWING:

- SAR 3/AR 3/DFA 377.5 _____ MONTH
- SAR 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