Bay Area Consortium CAPI Transmittal

To: San Mateo County Human Services Agency
400 Harbor Blvd., Bldg. B, Belmont, CA 94002

From: Alameda County

Date: _____

Re: _____
CAPI Applicant

_____
Social Security Number

_____
Spouse's Name

_____
Social Security Number

The following items are attached:

☐ NO SHOW - Date of Appointment: _____
Time: _____

☐ SOC 814 CAPI Statement of Facts (12/20 version)

☐ SOC 453 CAPI Statement of Household Expenses Contributions (08/22 version)

☐ SOC 455 CAPI State Interim Assistance Reimbursement Authorization (01/99 version)

☐ SSP 14 Authorization for Reimbursement of Interim Assistance (09/10 version)

☐ C-706 CAPI Consent Form (04/14 version)

☐ Written proof from Social Security Administration dated within 6 months that client is ineligible for SSI due to immigration status

☐ CAPI Applicant – ID Verified/Face-to-face interview completed
Worker Initials _____

☐ C-776 Authorized Representative (11/21 version) (optional)

☐ DED packet (for clients under 65 years old)

☐ Social Security Card or proof of application for Social Security Number

☐ Passport (clear copy of all pages, even blank ones)

☐ Proof of identification (ID picture)

☐ Alien Registration Card (I-551) – Proof of Alien Status (clear copy of both front and back of "green card")

☐ Verification that client is a California resident (Rent receipt, PG&E, phone bills, etc.)

☐ Verifications of property assets, vehicle registration, mortgage, deeds, etc.

☐ Verification of income

☐ Financial Statements dated within 30-days: Checking, savings, credit union, life insurance policy, stocks, and any other kind of dividends

☐ Others: _____

Due Date for Missing Items: _____
(Please mail to the address above using the business envelope provided)

_____

_____
Print Eligibility's Worker Name and Phone Number

_____

_____
Print Supervisor's Name and Phone Number