

STATE OF COLORADO



[DATE]

[Name]
[Mailing Address]
[City], [ST] [ZIP]

[County Name]
[County Address]
[City], CO [ZIP]
[County Phone]

Case ID number: 456456456

Subject: Verification Checklist

Dear [NAME]:

This letter is to tell you that we need proof of some information. The following page(s) lists the following information:

- **Name** - the person that the proof is needed for
If there is no name listed, the information needed is household information. For example, if your date of birth needs to be verified, your name would be listed. If your housing cost needs to be verified, no individual's name would be listed.
- **Need Proof of** - lists the information that we need proof of
- **Program Group** - the name of the program that needs the proof
- **Due Date** - the date the proof must be returned
- **Notes** - more about what is needed

The proof must be returned to the address shown above by the Due Date. If it is not received by the Due Date, a decision will be made based on the information that we have.

Each Program Group listed may need the same proof. The Due Dates could be different for each Program Group. To make sure that the proof is returned in time for each Program Group, please return the proof by the earliest Due Date. Your household must provide the proof for each program listed on the following pages.

- If your household has applied for assistance for the program(s) listed; all of the information must be returned on or before the Due Date for each program. If the proof is not received by the Due Date, your application for that program may be denied.
- If your household is currently receiving assistance from the program(s) listed; the proof must be returned on or before the Due Date for each program. If the proof is not received by the Due Date your household may be discontinued for that programs benefit.
- You may continue to receive this notice for proof of Expenses for the Program Groups of Food Stamps, Colorado Works or Long Term Care until the proof is returned. This is a reminder to your household that you still need to return proof of this information. The Due Date listed is the original date that the proof needed to be returned. If you return the proof of these expenses, your household benefits may increase for Colorado Works or Food Stamps. For the Long Term Care Program, returning the proof of the expense may change your patient payment to the nursing home.

Please feel free to contact the worker listed at the top of this letter if:

- You need help getting the proof we are asking for;
- You have any questions regarding this letter; or
- You cannot return the proof by the Due Date listed (we may be able to give you extra

time to return the proof).

| NAME | NEED PROOF OF | PROGRAM GROUP | DUE DATE |
|------|------------------|------------------|-------------|
|------|------------------|------------------|-------------|

Notes:

