

## SDC ELIGIBILITY CHECKLIST

has been provided and the participant meets the eligibility requirements for TX SDC.	NAME	DUE DATE
Income Information Worksheet  Request & Consent to Participate  TXSDC Purchasing Policy & Guidelines  HIPAA Notice of Privacy Practices  Verification of NorthStar ID/participation  Copy of Drivers License/Photo ID  Copy of Social Security Card  Copy of Medicaid Card  Copy of Medicare Card  Copy of Social Security Disability Benefit letter  Copy of Supplemental Social Security Income letter  Proof of active application/appeal for Social Security disability benefits  Proof of earned income  Letter from most recent treatment agency/doctor with current diagnosis  Other  Other  Other  (TX SDC ADVISOR)  has been provided and the participant meets the eligibility requirements for TX SDC.		
Request & Consent to Participate  TXSDC Purchasing Policy & Guidelines  HIPAA Notice of Privacy Practices  Verification of NorthStar ID/participation  Copy of Drivers License/Photo ID  Copy of Social Security Card  Copy of Medicaid Card  Copy of Medicare Card  Copy of Social Security Disability Benefit letter  Copy of Supplemental Social Security Income letter  Proof of active application/appeal for Social Security disability benefits  Proof of earned income  Letter from most recent treatment agency/doctor with current diagnosis  Other  Other  Other  (TX SDC ADVISOR)  has been provided and the participant meets the eligibility requirements for TX SDC.	Personal Information Sheet	
TXSDC Purchasing Policy & Guidelines  HIPAA Notice of Privacy Practices  Verification of NorthStar ID/participation  Copy of Drivers License/Photo ID  Copy of Social Security Card  Copy of Medicaid Card  Copy of Medicare Card  Copy of Social Security Disability Benefit letter  Copy of Supplemental Social Security Income letter  Proof of active application/appeal for Social Security disability benefits  Proof of earned income  Letter from most recent treatment agency/doctor with current diagnosis  Other  Other  I,, certify that all necessary orientation materials/verification  (TX SDC ADVISOR)  has been provided and the participant meets the eligibility requirements for TX SDC.	Income Information Worksheet	
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Copy of Social Security Card Copy of Medicaid Card Copy of Medicare Card Copy of Social Security Disability Benefit letter Copy of Supplemental Social Security Income letter Proof of active application/appeal for Social Security disability benefits Proof of earned income Letter from most recent treatment agency/doctor with current diagnosis Other Other Type Other  I,, certify that all necessary orientation materials/verification (TX SDC ADVISOR) has been provided and the participant meets the eligibility requirements for TX SDC.	HIPAA Notice of Privacy Practices	
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Copy of Medicare Card  Copy of Social Security Disability Benefit letter  Copy of Supplemental Social Security Income letter  Proof of active application/appeal for Social Security disability benefits  Proof of earned income  Letter from most recent treatment agency/doctor with current diagnosis  Other  Other  I,, certify that all necessary orientation materials/verification (TX SDC ADVISOR)  has been provided and the participant meets the eligibility requirements for TX SDC.	Copy of Social Security Card	
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Copy of Supplemental Social Security Income letter  Proof of active application/appeal for Social Security disability benefits  Proof of earned income  Letter from most recent treatment agency/doctor with current diagnosis  Other  Other  (TX SDC ADVISOR)  has been provided and the participant meets the eligibility requirements for TX SDC.	Copy of Medicare Card	
Proof of active application/appeal for Social Security disability benefits  Proof of earned income  Letter from most recent treatment agency/doctor with current diagnosis  Other  Other  I,, certify that all necessary orientation materials/verification (TX SDC ADVISOR)  has been provided and the participant meets the eligibility requirements for TX SDC.	Copy of Social Security Disability B	Senefit letter
Proof of earned incomeLetter from most recent treatment agency/doctor with current diagnosisOtherOther I,, certify that all necessary orientation materials/verification (TX SDC ADVISOR)  has been provided and the participant meets the eligibility requirements for TX SDC.	Copy of Supplemental Social Secur	ity Income letter
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	I,(TX SDC ADVISOR)	, certify that all necessary orientation materials/verification
Signed Date	has been provided and the participant me	ets the eligibility requirements for TX SDC.
	Signed	Date