

IDENTIFICATION VERIFICATION



**CRISIS
ASSISTANCE
MINISTRY**

NOTE: If you have copies of IDs and social security cards, this form does NOT need to be completed.

Applicant's name:

Verified Social Security #:

Verified Identification:

Driver's License #:

Other #:

Non-DL #:

State/Exp. Date:

Other adult's name:

Verified Social Security #:

Verified Identification:

Driver's License #:

Other #:

Non-DL #:

State/Exp. Date:

Household Member's Name	Verified Social Security #	Birthdate	Gender

I have reviewed the above forms of identification and verify their authenticity.

Name of worker:

Title

Agency:

Signature:

Date: