

**CHECKLIST**

**Recipient's Name:** \_\_\_\_\_

Family Members Living With Recipient (Spouse, Parents, Stepparents, Adult or Minor Children, Siblings)

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____

	Source	Date Checked	Results Found
On-line Inquiries:	ESC		
	SOLQ/BENDEX		
	SDX		
	DMV		
	Other		
Other Program Records	Food Stamps		
	Work First		
	IV-D		
	Child Care Services		
	Adult Services		
	Children's Services		
Other Sources:			

**Remember to check all available records in the recipient's name AND in the name of immediate family members living with the recipient!!!**

\_\_\_\_\_  
Signature of Caseworker

\_\_\_\_\_  
Date