



### Delaware Residency Verification Form

**Use ONLY if the Applicant does not have the required documentation(s) for Proof of Delaware Residency such as Delaware identification card, lease/rental agreement, or utility bill**

**If the Applicant is under the age of 18, parent/legal guardian address must be verified**

By signing this document, you are authorizing the individual named below to release physical address information to the Screening for Life (SFL) and Health Care Connection (HCC) Programs. The information below will **ONLY** be used to verify eligibility for the programs. Once you complete the Applicant section, submit this document to the individual named below and have them complete the Address Verification Section. Please return the completed form to the SFL/HCC Office either via email to **dhss\_dph\_healthaccessde@delaware.gov**, by FAX to **302-736-7940** or to **302-739-2545**, or by mail to **SFL/HCC Office, Division of Public Health, 540 S. DuPont Highway, STE. 11, Dover, DE 19901**

SFL Applicant's Name: \_\_\_\_\_ SFL ID# (if assigned): \_\_\_\_\_

#### Applicant Section

I, \_\_\_\_\_ (Applicant's Name), hereby authorize \_\_\_\_\_ (Name) to attest to my physical address to the SFL and HCC Programs for the purpose of verification of eligibility.

\_\_\_\_\_/\_\_\_\_\_/2024  
Signature of Client (Live) Date

#### Address Verification Section

**To be completed by Landlord or Owner of Residence**

Applicant's Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Association to Applicant:  Landlord  Owner of Residence (not spouse/partner)  Legal Guardian (if under 18)

Length of time at residence: \_\_\_\_\_ months/years

\_\_\_\_\_  
Name of Individual (Print) Contact Number  
\_\_\_\_\_/\_\_\_\_\_/2024  
Signature (Live) Date

#### FOR SFL/HCC OFFICE USE ONLY

Verified By (SFL/HCC Employee Name and Title): \_\_\_\_\_

Date of Verification: \_\_\_\_/\_\_\_\_/2024



(SFL/HCC Receipt Date Stamp Above)

*\*Any alterations made will void this document*