



Cuyahoga County Residency Verification Form

The purpose of this form is to verify Cuyahoga County residency of clients being enrolled in the Infant and Early Childhood Mental Health program. The legal custodian's signature on this form is required to verify residency. Please include one of the acceptable documents listed below to complete the verification process.

Please check the document(s) used to verify residency:

- Legal custodian's current Ohio driver's license or Ohio ID (The address on the ID must reflect the custodian's residential address)
- Utility bills or other bills with current address designated
- Final court adoption paperwork
- Guardianship papers
- Current voter registration card
- Lease or mortgage documents with current address
- Other current court documents reflecting current legal address
- Official income tax documentation with current address designated
- Current pay stub with current address designated
- Current bank account statement with current address
- Official governmental award letters with current address noted
- Official school registration documentation (current)
- Unhoused status/unable to provide residency verification

Please indicate if child is in legal custody of the following (this is not the foster parent).	
Parent Relative DCFS (specify county): _____	
Community Services Board (specify county): _____	
Other (specify): _____	
Client Name (please print)	
Name of Legal Custodian Marked Above	Phone No. of Legal Custodian
County of Legal Custodian	
If Parent, Address of Parent (if different from client's physical address on enrollment form)	
Signature of Legal Custodian: I agree that, if I sign this electronically, it will constitute an e-signature and I consent that my e-signature shall be given the same legal force, validity, and effect as my handwritten or manual signature.	Date

IECMH Providers are required to retain this residency verification form on file for a minimum of three years following the conclusion of services.