

**ID Verification Form**

**Date:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Client ID#** \_\_\_\_\_

**Type of ID Verified:**

- Drivers License – No.** \_\_\_\_\_
- State ID Card – No.** \_\_\_\_\_
- Passport – No.** \_\_\_\_\_
- Other – Type of ID -** \_\_\_\_\_  
(Other can only be used in instances where obtaining an ID is not possible, such as incarceration)

**Secondary Documents Reviewed (To be reviewed when information on ID such as address does not match what was provided to the agency):**

- Insurance Card – ID No.** \_\_\_\_\_.
- Utility Bill - Type** \_\_\_\_\_.

**I have verified the identification for this client as noted above. The information provided on the ID matched the client’s description and the address information on file with the agency.**

\_\_\_\_\_  
**Staff Person Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Person Printed Name**