



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.

_____/_____/2025
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
_____/_____/2025
Signature (Live) Date

FOR SFL/HCC OFFICE USE ONLY

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

Date of Verification: ____/____/2025

(SFL/HCC Receipt Date Stamp Above)

**Any alterations made will void this document*