

CA VITA Intake Sheet

Name _____ Tax Year _____

Did you have health coverage for the entire year? (Yes/ No)

Did you have insurance through CoveredCA for any month of the year? (Yes/ No)

*If yes, you will need to provide [Form 1095-A](#).

Did you pay rent for at least 6 months of the year? (Yes/ No)

*If yes, you may be eligible for Renter's Credit.

Are you a current or former foster youth age 18-25? (Yes/ No)

*If yes, you may be eligible for the Foster Youth credit, please provide a [Foster Youth Verification](#) letter.

Were either you or your dependent a college or university student? (Yes/ No)

*If yes, please provide a Form 1098-T from your school

Do you have an [IP Pin](#), or have you ever been a victim of identity theft? (Yes/ No)

Please write your physical address (not mailing address or PO box):