

Department of Social and Health Services
Olympia, Washington
EAZ Manual

Revision # 1050
Category Verification Charts
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Summary

Updated Verification Requirements Chart in regards to child support obligation to remove the “if questionable” language for Basic Food and added section for Resources for Cash and Basic Food.
See below for edited text:



Verification Charts

[Verification Chart - Acceptable Forms](#)

Revised July 29, 2019

Acceptable Forms of Verification Chart

The following table is a suggested list of reliable sources of verification for each eligibility factor. Any source, including verbal, written, and email statements, can be used as long as it meets the "[Criteria for Evaluating Verification](#)".

| WHAT TO VERIFY | ACCEPTABLE VERIFICATION |
|--|--|
| Alien Status (For all non-citizen AU members) | See tables in NILC Guide for documents used to verify alien status |
| Child Support Obligation | <ul style="list-style-type: none"> • Court papers • SEMS data • Statement from custodial parent • Receipt |
| Citizenship and Identity for Medicaid | <ul style="list-style-type: none"> • See Citizenship and Identity Documents - Tier 1-4 |
| Citizenship for Cash, ABD and state funded medical assistance (Only if questionable) | <ul style="list-style-type: none"> • Birth Certificate • Naturalization Papers • Passport |
| Dependent Care Expenses | <ul style="list-style-type: none"> • Statement from the provider • Bills or receipts • SSPS data |
| Disability | <ul style="list-style-type: none"> • Award letter from SSA • DDDS disability approval • Collateral contact with SSA • Collateral contact with VA • Decision from disability program specialist (ABD cash) |
| Emergent Medical Condition | <ul style="list-style-type: none"> • Hospital bills • Statement from the provider |
| Household Composition | <ul style="list-style-type: none"> • Statement from landlord • Rental agreement |

| WHAT TO VERIFY | ACCEPTABLE VERIFICATION |
|------------------------------|--|
| | <ul style="list-style-type: none"> • Collateral contact |
| Identity (for Cash and Food) | <ul style="list-style-type: none"> • Driver's license • State ID card • Birth certificate • Passport • School records • Current Alien Registration Card • Collateral Contact outside the client's household • SOLQ |
| Incapacity | <ul style="list-style-type: none"> • Doctor's statement • Medical records • Decision from disability program specialist |
| Income | <ul style="list-style-type: none"> • Pay stubs • Employer statement by telephone or in writing • SEMS data • ACES Interfaces • Bank statement that shows direct deposits (many deposits show the net amount, you may need additional information that shows the gross income) • Collateral contact • SOLQ • Financial Aid Award Letter |
| LAM (Living Above Means) | <ul style="list-style-type: none"> • Alternate Income Verification • Bills/Receipts • Collateral contact • Bank Statement |
| Medical Expenses | <ul style="list-style-type: none"> • Bills/Receipts • Statement from the provider • Mileage log or receipt for medical transportation costs |

| WHAT TO VERIFY | ACCEPTABLE VERIFICATION |
|---|--|
| Pregnancy | <ul style="list-style-type: none"> • Medical records or statement from a licensed medical practitioner (for TANF/SFA/PWA) • Client's statement that she had a positive result from a pregnancy test (for Pregnancy Medical, Family Medical, and Children's Medical only) |
| Residency | <ul style="list-style-type: none"> • Rental or lease agreement • Statement from landlord • Mortgage papers • Utility company records or bills |
| Resources - including those of an immigrant's sponsor | <ul style="list-style-type: none"> • Bank statements • Insurance documents • Vehicle registration • Stock certificates • Courthouse records • Property tax statement |
| Shelter Costs | <ul style="list-style-type: none"> • Landlord statement • Current lease • Rent or mortgage receipt • Utility bills • Collateral contact |
| SSN Application | <ul style="list-style-type: none"> • Collateral contact with SSA • SSA printouts or documents • Birth document that states SSN was applied for |
| Work Study | <ul style="list-style-type: none"> • Financial Aid Award Letter • Collateral contact with the institution of higher education |

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Verification Chart - Cash and Basic Food

Verification Requirements Chart - Cash Assistance and Basic Food

| WHAT TO VERIFY | CASH ASSISTANCE | BASIC FOOD |
|---|--------------------------------------|--|
| Alien Status | X For all non-citizen AU members* | X For all non-citizen AU members* |
| Child Support Obligation | X | X Only if questionable (Continue to check SEMS for cases through DCS) |
| Citizenship | X Only if Questionable | X Only if questionable |
| Dependent Care Expenses (Including transportation costs) | | X Only if questionable (Continue to check WCAP for WCCC copays) |
| Disability | X | X |
| Emergent Medical Condition | | |
| Household Composition (Includes Purchase & Prepare arrangements) | X Only if questionable | X Only if questionable |
| Identity | X For all AU members | X For applicant or both the Head of Household and Authorized Representative |

| WHAT TO VERIFY | CASH ASSISTANCE | BASIC FOOD |
|--------------------------|-----------------------------------|---|
| Incapacity | | X |
| Income | X | <p>X</p> <p>Recertification:</p> <ul style="list-style-type: none"> · If source has changed; or · If amount has changed over \$50. <p>NOTE: There is no requirement to verify ———— income-in-kind for BF.</p> |
| LAM (Living Above Means) | X Only if Questionable | X Only if questionable |
| Medical Expenses | | <p>X</p> <p>Only for elderly persons or persons with disabilities:</p> <ul style="list-style-type: none"> • At initial application if expenses are more than \$35 monthly; and • At recertification or change of circumstances if expenses have changed by more than \$25. |
| Pregnancy | X Including Estimated Due Date | |
| Residency | | <p>X</p> <p>Households that are not Categorically Eligible (CE) for Basic Food</p> |

| WHAT TO VERIFY | CASH ASSISTANCE | BASIC FOOD |
|--------------------------|--|--|
| <u>Resources</u> | <u>X</u> <u>If within 75% of resource limit or if otherwise questionable</u> | <u>X</u> <u>If household is not CE (See WAC 388-414-0001)</u> |
| | | |
| Shelter Costs | X Only if questionable, or causes an increase to benefits for a recipient. | X Only if questionable |
| SSN Application | X | X |
| Questionable Information | X | X |

* Persons who are here without documentation are not required to verify that fact.