Department of Social and Health Services

Community Services Division

EA-Z Manual

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Category: Verification Chart

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Summary

Added ABAWD related items. Also removed outdated programs from Pregnancy topic.

Verification Charts

Verification Chart - Acceptable Forms

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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		
ABAWD Exemption	• See ABAWD Clarifying Information - WAC 388-444-0035		
ABAWD Participation	 ABAWD Activity Report (DSHS 01-205) Collateral Contact Pay Stub/ TALX eJAS information 		
Alien Status (For all non-citizen AU members)	See tables in NILC Guide for documents used to verify alien status		
Child Support Obligation	 Court papers SEMS data Statement from custodial parent Receipt 		
Citizenship and Identity for Medicaid	 See Citizenship and Identity Documents - Tier 1- 4 		
Citizenship for Cash, ABD and state funded medical assistance (Only if questionable)	Birth CertificateNaturalization PapersPassport		
Dependent Care Expenses	Statement from the providerBills or receiptsSSPS data		
Disability	 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	Hospital billsStatement from the provider		

WHAT TO VERIFY	ACCEPTABLE VERIFICATION	
Household Composition	Statement from landlordRental agreementCollateral contact	
Identity (for Cash and Food)	 Driver's license State ID card Birth certificate Passport School records Current Alien Registration Card Collateral Contact outside the client's household SOLQ 	
Incapacity	 Doctor's statement Medical records Decision from disability program specialist 	
Income	 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)	 Alternate Income Verification Bills/Receipts Collateral contact Bank Statement 	
Medical Expenses	Bills/Receipts	

WHAT TO VERIFY	ACCEPTABLE VERIFICATION		
	 Statement from the provider Mileage log or receipt for medical transportation costs 		
Pregnancy	 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, ABAWD status onlyand Children's Medical only) 		
Residency	 Rental or lease agreement Statement from landlord Mortgage papers Utility company records or bills 		
Resources - including those of an immigrant's sponsor	 Bank statements Insurance documents Vehicle registration Stock certificates Courthouse records Property tax statement 		
Shelter Costs	 Landlord statement Current lease Rent or mortgage receipt Utility bills Collateral contact 		
SSN Application	 Collateral contact with SSA SSA printouts or documents Birth document that states SSN was applied for 		
Work Study	Financial Aid Award Letter		

WHAT TO VERIFY	ACCEPTABLE VERIFICATION	
	Collateral contact with the institution of higher education	

Top of Page

Verification Chart - Cash and Basic Food

Revised January 21, 2020

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
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		

WHAT TO VERIFY	CASH ASSISTANCE	BASIC FOOD
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
Incapacity		X
Income	X	 X Recertification: If source has changed; or If amount has changed over \$50. NOTE: There is no requirement to verify income-in-kind for BF.
LAM (Living Above Means)	X Only if Questionable	X Only if questionable
Medical Expenses		X Only for elderly persons or persons with disabilities: • At initial application if expenses are more than \$35 monthly; and • At recertification or change of circumstances if expenses have

WHAT TO VERIFY	CASH ASSISTANCE	BASIC FOOD
		changed by more than \$25.
Pregnancy	X Including Estimated Due Date	
Residency		X Households that are not Categorically Eligible (CE) for Basic Food
Resources	X If within 75% of resource limit or if otherwise questionable.	X If household is not CE (See WAC 388-414-0001)
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.

Top of Page