

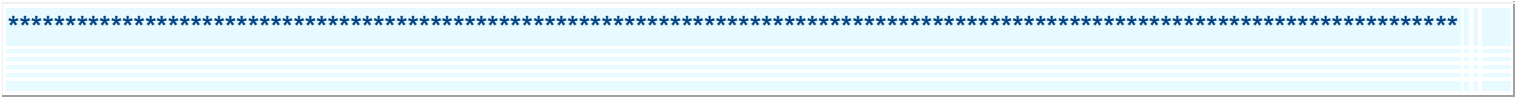
Department of Social and Health Services
Olympia, Washington
EAZ Manual

Revision 1156
Category Verification
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Summary

Sunsetted 14-222, Statement of Collateral Information. Removing from manual.

See below for edited text:



Verification

Revised May ~~28~~, 202~~1~~₀

Purpose:

This chapter describes what information must be verified, other factors that may be verified if necessary, and criteria for evaluating documents that are received.

WAC 388-490-0005 The department requires proof before authorizing benefits for cash and Basic Food.

- **Clarifying Information and Worker Responsibilities**

8. **Department forms for verifying information:**

There are some DSHS forms that may also be used to obtain verification. These forms verify several eligibility factors and may be more convenient for the client to use rather than obtaining several sources of verification. **Do not require** the client to use these forms.

- [DSHS 14-224\(X\)](#) Statement from Landlord/Manager
- [DSHS 14-223\(X\)](#) Statement from School
- ~~[DSHS 14-222](#) Statement of Collateral Information~~