

Verification

4.1 INTRODUCTION 1

 A. CLIENT RESPONSIBILITY 2

 B. WORKER RESPONSIBILITIES 2

4.2 VERIFICATION REQUIREMENTS 4

 A. ASSETS 4

 1. Vehicles, Including Recreational Vehicles 4

 2. Trust Fund Or Other Similar Device, Including Burial Trusts 4

 3. Bank Accounts, CD's And Other Liquid Assets 4

 4. Value Of Business Equipment And Livestock 5

 5. Good-Faith Effort To Sell Real Property 5

 6. Savings Bond Bought From Clients Own Funds 5

 7. Bona Fide Loan 5

 8. Uniform Gifts To Minors Act Funds 5

 9. PASS Account 5

 10. Funds Received For Replacement Or Repair Of An Asset 6

 11. Funds Received From Sale Of An Excluded Home 6

 12. Dedicated Account For SSI Recipient 6

 B. INCOME 7

 1. Earned Income 7

 2. Unearned Income 8

 3. Savings Bond Received As A Gift 9

 4. Lump Sum Payment 9

 5. IRS Information 9

 C. INCOME DEDUCTIONS 10

 1. Educational Fund 10

 2. Medical Expenses 10

 3. Shelter Expenses 11

 4. Utility Expenses 12

 5. Child Support 12

 D. DEPRIVATION FACTOR INFORMATION 13

 1. Incapacity 13

 2. Good Cause For Leaving Or Refusing Employment 13

Verification

3.	Release Date Of Incarcerated Parent.....	13
4.	Court-Ordered Community Service Or Unpaid Public Work.....	13
5.	Principal Wage Earner.....	13
6.	Joint Custody.....	13
E.	WORK REQUIREMENTS	14
1.	Illness Or Impairment Of An Individual	14
2.	An Individual Needed In The Home To Care For An Ill, Handicapped Or Disabled Person	15
3.	Pregnancy	15
4.	Good Cause For Leaving Or Refusing Employment.....	15
5.	Good Cause For Voluntarily Quitting Employment	15
6.	Hours Worked	16
7.	Domestic Violence.....	16
8.	BEP Registration	16
9.	Participation Hours In Employment And Training Activities.....	16a
F.	ENUMERATION.....	17
1.	Application For SSN	17
2.	SSN Of Individuals Who Have A Number.....	17
3.	SSN Of Individual Referred To SSA.....	17
G.	CATEGORICAL RELATEDNESS	18
1.	Disability, Blindness.....	18
2.	Pregnancy	18
3.	Appeal Of Termination of SSI - No Longer Disabled	18
H.	GENERAL FACTORS.....	19
1.	Identity.....	19
2.	Residence	19
3.	Application For Potential Resources.....	20
4.	Good Cause For Refusal To Cooperate With BCSE	20
5.	Specified Relationship	21
6.	Tax-Exempt Status Of GLF	21
7.	Out-Of-Pocket Medical Expenses.....	22
8.	Which Parent Will Receive Benefits For Child In Joint Custody Cases	22
9.	Compliance With PRC Requirements.....	22
10.	Adult-Supervised Living Arrangement	22
11.	60-Month Lifetime Limit	23
12.	24-Month Time Limit.....	23
13.	Offer Or Guarantee Of Employment Or Other Income	23
14.	Participation in the Medicare Prescription Drug Discount Card Program.....	23

Verification

15. Deployment to a Designated Combat Zone24

16. Medicare Enrollment – Parts A and B24