4.2 VERIFICATION REQUIREMENTS

A. ASSETS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Vehicles, Including Recreational Vehicles Verify ownership and value	All Programs and coverage groups subject to an asset test **NOTE:** Food Stamp Program only: Vehicles are not an asset.	Prior to approval, at redetermination and when ownership of a different or additional vehicle is reported	Vehicle title, registration, legal contract, NADA book, **DFA**-V-1, **DFA-RV-1,** statement **from a** knowledgeable source. The following Internet websites may be used: **NADA.com,** CarPrices.com, AutoPricing.com, Intellichoice.com, Edmunds.com and the Kelley Blue Book at kbb.com
2. Trust Fund Or Other Similar Device, Including Burial Trusts	All Programs and coverage groups subject to an asset test	Prior to approval, when client reports establishment of a trust	Written agreement
3. Bank Accounts, CD's And Other Liquid Assets See item 12 below for Dedicated Accounts	All Programs and coverage groups subject to an asset test	Applicants: Initiate verification prior to approval, do not delay approval until received. Recipients: When client reports an increase	Bank statements, the CD, stock market prices, life insurance policies, statement of stockbroker

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
4. Value Of Business Equipment And Livestock	All Programs and coverage groups subject to an asset test	Prior to approval, at redetermination and when ownership of different or additional equipment or livestock is reported	Tax receipts, Assessor's records, realtor's statement
5. Good-Faith Effort To Sell Real Property	FS	Prior to exemption of real property	Newspaper ads, statement of realtor, other media notices.
6. Savings Bond Bought From Client's Own Funds. Verify date of purchase and cash-in value	SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB, QI-1 and QI-2	When bond is at least 6 months old: Prior to approval, when client reports additional bonds. If bond is not 6 months old: Verify 6 months from date of issue	Bond, financial institution
7. Bona Fide Loan	AFDC Medicaid, AFDC-Related Medicaid, SSI-Related Medicaid groups	When client says he has a loan	Written agreement, ES-AP-75
8. Uniform Gifts To Minors Act Funds	SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB, QI-1 and QI-2	When client reports having such funds, prior to exclusion	Written agreement must specifically state that such funds are part of the Uniform Gifts To Minors Act.
9. PASS Account For FS: Verify that PASS was developed through SSA.	FS, SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB, QI-1 and QI-2	Prior to exclusion	Copy of plan

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
10. Funds Received For Replacement Or Repair Of An Asset Verify: amount, source, date received, how much used to repair or replace an asset	All Programs and coverage groups subject to an asset test	When such funds are received	Award letter, statement from provider of funds, copy of check, receipts for repair or replacement, estimates, signed contracts
11. Funds Received From Sale Of An Excluded Home Verify: amount, source, date received, how much used to purchase a different home	SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB, QI-1 and QI-2	When excluded home is sold	Purchase agreement, statement from buyer, statement from seller, statement from real estate agent
12. Dedicated Account For SSI Recipient Under Age 18	WV WORKS	Prior to exclusion	SSA letters to payee which inform individual of need to establish account or which verify a deposit into such account Statement from SSA that dedicated account meets SSA definition

B. INCOME

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Earned Income Verify source and amount **NOTE:** All income used in calculating eligibility and the amount of the benefit must be verified. However, income considered, but not used, need not be verified. **NOTE:** The year-to-date amounts on pay stubs may only be used when the client has verification of all of the other pay amounts whether used or not, but is missing one.	All Programs and coverage groups with an income test	Prior to approval, at redetermination. Medicaid: When a change in the amount is reported FS; WORKS: When a change is reported in rate of pay, or job status, verify the change. When a change is reported in the source, verify rate of pay, job status and source.	Pay stubs, written statement from employer, self-employment records, Work Record Sheet ES-17 Use the best source of verification available. When there is absolutely no other source of verification, the client's statement must be used.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
2. Unearned Income Verify source and amount **NOTE:** All income used in calculating eligibility and the amount of the benefit must be verified. However, income considered, but not used, need not be verified. **NOTE:** The year-to-date amounts on check stubs may only be used when the client has verification of all of the payment amounts whether used or not, but is missing one.	All Programs and coverage groups with an income test	Prior to approval, at redetermination, when a change in the source or amount is reported FS Only: The change in the amount must be more than $50 for verification to be required.	Award letter, computer matches, written statement from source, BCSE information, written statement from contributor, RAPIDS data exchanges Use the best source of verification available. When there is absolutely no other source of verification, the client's statement must be used.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
3. Savings Bond Received As A Gift Verify date of purchase and cash-in value	SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB, QI-1 and QI-2	When bond is at least 6 months old: prior to approval, when client reports additional bonds If bond is not 6 months old: Verify 6 months from date of issue	Bond, financial institution
4. Lump Sum Payment Verify amount used to meet life-threatening situation or amount unavailable.	WV WORKS	Prior to shortening the period of ineligibility	Media stories, statement of knowledgeable person, police reports, hospital reports, physician's statement
5. IRS Information	All Programs	When reported through IEVS	See Chapter 3. Use the best source of verification available. When there is absolutely no other source of verification the client's statement must be used.

C. INCOME DEDUCTIONS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Educational Funds Verify the source amount and amount earmarked for educational purposes	All programs and coverage groups subject to an asset test	Prior to allowing the deduction. FS Only: Verify amount used for educational expenses when amount used exceeds earmarked amount	Statement from educational institution, Financial Aid Office or other grantor, receipts, knowledge of public transportation costs, commuting distances and gasoline prices, statement of reasonable estimate of expenses
2. Medical Expenses Verify amount owed by the client which will not be reimbursed by a 3rd party. FS: Anticipated medical expense may be used.	FS, SSI-Related and AFDC/U-Related Medicaid	FS: Prior to approval, at redetermination and when the client reports a change of more than $25 in total medical expenses and the CA will increase SSI- and AFDC/U-Related: Prior to using the expense for spenddown	Medical bills, medical receipts, written estimates of anticipated cost from the medical provider, health insurance EOB, billing staff in hospital or doctor's office, shipping invoices for mail-order prescription drugs and their shipping costs

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
3. Shelter Expenses	FS	When the homeless AG claims actual expenses in excess of the HSS.	Current bills or receipts. If a homeless AG has difficulty obtaining traditional types of verification, the Worker must use judgment in determining if verification obtained is adequate. **EXAMPLE**: A homeless individual claims incurred shelter costs for several nights. The costs are comparable to those incurred by other homeless people. The Worker may decide to accept this information and require no further verification.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
4. Utility Expenses	FS	At application when the AG chooses to claim expenses in excess of the SUA or the AG's share of the SUA, and this results in an income deduction or a larger deduction. When an increase of more than $25 is reported, and expenses in excess of the SUA are claimed. When excess expenses cannot be verified within processing time limits, the SUA is used, if the client is otherwise eligible for it. When the expense is for an unoccupied home.	Current bills or receipts
5. Child Support Verify the legally obligated amount and the amount actually paid, including the value of any in-kind payments.	FS	Prior to approval, at redetermination or when the client reports a change in the legally obligated amount or amount actually paid	Court order or legal separation agreement, cancelled checks, pay stubs showing wage withholding, signed receipt or statement from the custodial parent

D. DEPRIVATION FACTOR INFORMATION

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Incapacity	AFDC Medicaid, AFDC-Related Medicaid	Prior to approval, prior to changing deprivation factor to incapacity, prior to addition of the incapacitated parent and as required by MRT	Receipt of RSDI or SSI based on disability; MRT decision
2. Good Cause For Leaving Or Refusing Employment	AFDC Medicaid, AFDCU-Related Medicaid	Prior to approval when the client states he left or refused employment within a time frame which could affect eligibility	Employer's statement, Employment Services decision, documents from a grievance board
3. Release Date Of Incarcerated Parent	AFDC Medicaid	Prior to approval when deprivation is based on incarceration; when deprivation factor changes to incarceration; prior to addition of individual with deprivation factor of incarceration	Statement from penal institution, Parole Officer, client's attorney, Prosecuting Attorney
4. Court-Ordered Community Service Or Unpaid Public Work	AFDC Medicaid	Prior to approval when such situation is alleged	Court records, statement from Prosecuting Attorney or client's attorney
5. Principal Wage Earner	AFDC Medicaid when deprivation factor is unemployment	Prior to approval when both parents have worked; when deprivation factor changes to unemployment and both parents have worked	Pay stubs, written statement from employers W-2 form See item 2 above.
6. Joint Custody	AFDC Medicaid	Prior to approval; when deprivation factor changes to absence and the client indicates there is joint custody	Joint custody must be specifically stated in the custody order.

E. WORK REQUIREMENTS

ITEMS	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Illness Or Impairment Of An Individual	FS, WV WORKS	FS only: Prior to exempting the individual from work participation, FSE&T or ABAWD requirements. Only non-obvious illnesses or impairments must be verified with medical, reports. Exemption status must be reconsidered at yearly intervals. WV WORKS only: Prior to temporarily exempting the individual from meeting the work participation requirement, and prior to determining good cause for failure to meet the 24-month work requirement	Joint decision by Worker and Supervisor when supported by definitive medical information; MRT decision for TANF and WV WORKS
2. An Individual Needed In The Home To Care For An Ill, Handicapped Or Disabled Person	FS, WV WORKS	Prior to exempting the individual from participation, at redetermination	Definitive statement from physician, licensed psychologist; MRT decision for WV WORKS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
3. Pregnant	FS, WV WORKS	Prior to exemption FS only: Exemption applies only to ABAWD time limits.	Statement from physician, physician's assistant, nurse practitioner or other licensed health care provider, which shows the expected date of delivery.
4. Good Cause For Leaving Or Refusing Employment	FS, AFDC Medicaid and WV WORKS	When an AG member leaves or refuses employment and claims he had good cause.	Employer's statement, grievance board decisions, statements of witnesses, BEP decision, employee associations, union representatives. For WV WORKS only: Statement from school or educational facility of enrollment and/or attendance in a full-time educational activity.
5. Good Cause For Voluntarily Quitting Employment	FS, AFDC Medicaid and WV WORKS	FS: When an applicant quits employment within 60 days prior to the application date or a recipient quits a job at any time. AFDC Medicaid: When an applicant quits employment within 30 days prior to the application date or a recipient quits a job at any time. WV WORKS: When an applicant quits employment within 45 days prior to the application date or a recipient quits a job at any time.	Employer's statement, grievance board decisions, statements of witnesses, BEP decision For WV WORKS only: Statement from school or educational facility of enrollment and/or attendance in a full-time educational activity.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
6. Hours Worked	FS	When an AG member is an ABAWD	Pay stubs, written statement from employer, work record sheet, ES-17
7. Domestic Violence	WV WORKS	When the applicant or recipient alleges domestic violence and requests an exemption from work participation requirements or program time limits	Protective orders, hospital records, statements from legal services or domestic violence counseling or shelter staff or witnesses. Paper work from law enforcement agencies, i.e., criminal charges **NOTE:** To insure the safety of the individual, the Worker must never contact the abuser, his relatives or friends in an attempt to verify domestic violence.
8. BEP	FS	When the individual is required to register and does not meet an exemption. See Section 13.5.	Information from BEP

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
9. Participation Hours in Employment and Training Activities	WV WORKS	Monthly	Time sheets, participant's statement (followed by provision of time sheet with necessary signature/s), verbal confirmation over the phone from training or volunteer site (followed by provision of time sheet), employment – phone confirmation by employer, pay stubs, employer statement, or other appropriate documentation of hour. *Participation hours may be recorded based on employment hours, but no support services may be issued without appropriate verification or signed time sheet and the appropriate submitted request.

F. ENUMERATION

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Application For SSN	All, except Medicaid CEN coverage group	Prior to approval; prior to adding an individual to the AG WV WORKS only: After completion of the PRC	SSA/DHS-3; written statement from SSA; for newborns only, SSA Form 2853 Enumeration at Birth form
2. SSN Of Individuals Who Have A Number	All, except Medicaid CEN coverage group	Prior to approval; prior to adding an individual to the AG. WV WORKS only: After completion of the PRC	Social Security Card, written statement from SSA, data system
3. SSN Of Individual Referred To SSA	FS	At the redetermination following the application for an SSN	Social Security Card, written statement from SSA

G. CATEGORICAL RELATEDNESS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Disability, Blindness	SSI-Related Medicaid, CDCS	Prior to approval; when MRT or BMS requires revaluation	Receipt of RSDI, MRT decision, BMS decision
2. Pregnancy	Poverty-Level Pregnant Women, Deemed Poverty-Level Pregnant Women	Prior to approval	Statement from attending physician, physician's assistant, nurse practitioner or other person medically qualified to diagnose pregnancy
3. Appeal of Termination of SSI - No Longer Disabled	SSI Medicaid	Prior to case closure and evaluation for other Medicaid coverage groups	Letters to client from SSA, written statement from SSA

H. GENERAL FACTORS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Identity	All Programs and coverage groups except WV CHIP. This includes authorized representatives for the Food Stamp Program.	Prior to approval. At redetermination for active Medicaid recipients, if not previously verified. **NOTE:** Is not waived for FS Expedited Service cases	Such as but not limited to: Driver's license, school ID cards or records, marriage records, library card, credit cards, Employment Services registration card, Social Security card, written statements from neighbors, police records, employment ID or records, voters registration card, military discharge papers, selective service card, state ID card, passport, military identification card. **NOTE:** Identity is considered verified when an application is received by inROADS from a Community Partner which contains an E-signature. See Section 4.3 for specific documentation requirements for Medicaid.
2. Residence	FS	Prior to approval	Rent or mortgage receipts, landlord's statement, written statements from neighbors, employment records

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
3. Application For Potential Resources	WV WORKS; Medicaid, except as specified in Chapter 5	When a benefit group member appears to be eligible for a benefit which would reduce or eliminate the client's need for public assistance. Applications: Prior to Approval Active Cases: For UCI benefits: Application must be made within 30 days of the date of referral. All other benefits: Application must be made within a reasonable period of time, determined by the Worker and client.	Written statement from agency which accepted the client's application, telephone contact with such agency
4. Good Cause For Refusal To Cooperate With CSED	AFDC Medicaid, AFDC-Related Medicaid, SSI Medicaid (for a child), WV WORKS	When caretaker relative does not cooperate and claims good cause.	Police reports, collateral statements from persons knowledgeable about the client's situation, counselor's reports, medical records

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
5. Specified Relationship	AFDC Medicaid, AFDC/U-Related Medicaid, WV WORKS	Prior to approval when paternity has not been established, and a relative of the child's putative father applies as a specified relative	Birth certificates, statements of physicians or midwives who attended the birth, family Bible, wills or deeds which specify paternity, records of social services agencies, DHHR records, hospital records, juvenile court records, school records, income tax returns. In the absence of any documentary proof, the relative's statement about the reason there is no proof, and at least one notarized statement from a person knowledgeable about the situation is acceptable. The notarized statement must describe the relationship and explain how the individual knows it to be true.
6. Tax-Exempt Status Of GLF	FS	Prior to approval of benefits for residents of GLF's	Copy of State certification or other authorization to operate the facility, written statement from IRS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
7. Out-Of-Pocket Medical Expenses	Medicaid	When the Department causes a delay in Medicaid coverage, and the client incurs medical expenses, which would have been paid by Medicaid, had the Department acted timely	Original bills from the medical provider and proof of payment by the client; Receipts from the medical provider
8. Which Parent Will Receive Benefits For Child In Joint Custody Cases	WV WORKS	Prior to approval, at redetermination, when a change is requested by parents.	Statements from parents; collateral statements from friends, neighbors, family; court order
9. Compliance With PRC Requirements	WV WORKS	At time limits established in the PRC.	Contact with other agency or institution, written notice of compliance from the entity with whom the client was required to participate; copies of official documents from other agency or institution.
10. Adult-Supervised Living Arrangement	WV WORKS	Prior to approval; at each redetermination; when a change is reported.	Contact with the supervising adult; written statement from the supervising adult; collateral contacts; home visit

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
11. 60-Month Lifetime Limit	WV WORKS	Prior to approval beginning in October, 2001	RAPIDS; case record information; contact with other states; Departmental printouts or other records
12. 24-Month Time Limit	WV WORKS	Prior to approval beginning October 1998	RAPIDS; case record information; contact with other states; Departmental printouts or other records; BEP records
13. Offer Or Guarantee Of Employment Or Other Income	WV WORKS	Prior to approval of DCA payment	Contact with future employer or entity from which the income is expected
14. Participation in the Medicare Prescription Drug Discount Card Program	FS	Prior to approval, at redetermination, when a client reports he has been approved for the program	Actual Medicare Prescription Drug Discount Card, a copy of a card or an approval letter for the program.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
15. Deployment to a Designated Combat Zone	FS	Documentation of a person's deployment to a designated combat zone is only required when it is questionable or not known to the AG	The Leave and Earnings Statement (LES), Orders issued to the military person, Public records, Local base financial office, The internet. A list of designated combat zones is available at: www.fns.usda.gov/fsp/government/certification_policy.htm Use the best source of verification available. When there is absolutely no other source of verification, the client's statement must be used.
16. Medicare Enrollment – Parts A and B	Medicaid	Prior to approval and at redetermination when not verified at application.	Award letter from Social Security (SSA), Medicare card, SSA referral form.
17. Citizenship	All Medicaid Programs and coverage groups. This does not include WV CHIP.	Prior to approval or at redetermination, if not previously verified.	See Section 4.3 for specific documentation requirements for Medicaid.