

Verification

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	WV WORKS	Prior to exemption of real property	Newspaper ads, statement of realtor, other media notices, DFA-22
6. Savings Bond Bought From Client's Own Funds Verify date of purchase and cash-in value	All Programs and coverage groups subject to an asset test	Prior to approval SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB and QI-1 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 and QI-1	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 SNAP: Verify that PASS was developed through SSA.	SNAP, SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB and QI-1	Prior to exclusion	Copy of plan

Verification

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
<p>10. Funds Received For Replacement Or Repair Of An Asset</p> <p>Verify: amount, source, date received, how much used to repair or replace an asset</p>	<p>All Programs and coverage groups subject to an asset test</p>	<p>When such funds are received</p>	<p>Award letter, statement from provider of funds, copy of check, receipts for repair or replacement, estimates, signed contracts</p>
<p>11. Funds Received From Sale Of An Excluded Home</p> <p>Verify: amount, source, date received, how much used to purchase a different home</p>	<p>SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB and QI-1</p>	<p>When excluded home is sold</p>	<p>Purchase agreement, statement from buyer, statement from seller, statement from real estate agent</p>
<p>12. Dedicated Account For SSI Recipient Under Age 18</p>	<p>WV WORKS</p>	<p>Prior to exclusion</p>	<p>SSA letters to payee which inform individual of need to establish account or which verify a deposit into such account</p> <p>Statement from SSA that dedicated account meets SSA definition</p>
<p>13. Ability to Sell An Annuity Or The Annuity's Stream Of Income</p>	<p>Medicaid</p>	<p>Prior to approval or when an annuity is purchased</p>	<p>Letters or documents from companies that purchase annuities or a stream of income from annuities</p>
<p>14. Value of an Annuity</p>	<p>Medicaid</p>	<p>Prior to approval or when an annuity is purchased or other action taken that would affect the annuity value.</p>	<p>Statement or document verifying the value from the financial entity or company that issued or holds the annuity.</p>

Verification

<p>16. Citizenship</p>	<p>All Medicaid Programs and coverage groups.</p> <p>WV CHIP: This requirement does not apply.</p> <p>EXCEPTION: The following applicants and recipients are exempt from the requirement:</p> <ul style="list-style-type: none"> - SSI recipients - RSDI recipients when receipt is based on disability <ul style="list-style-type: none"> - Medicare enrollees or those eligible to enroll in Medicare - Individuals covered under Title IV-B child welfare services or Title IV-E foster care or adoption services. 	<p>Prior to approval or at redetermination, if not previously verified.</p>	<p>See Section 4.3 for specific documentation requirements for Medicaid.</p>
<p>17. Medical Insurance Information</p>	<p>All Medicaid Programs and coverage groups, WV CHIP.</p>	<p>Prior to approval, at redetermination, when new insurance or a change in an insurance carrier is reported.</p>	<p>Medical insurance card or coverage verification letter from insurance company.</p>
<p>18. Insurance Premium Payment</p>	<p>Medicaid</p>	<p>Prior to approval, at redetermination or whenever a change is reported.</p>	<p>Statement from insurance company or pay stub. See Section 17.9.</p>