

4.2 VERIFICATION REQUIREMENTS

A. ASSETS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
<p>1. Vehicles, Including Recreational Vehicles.</p> <p>Verify ownership and value.</p>	<p>All Programs and coverage groups subject to an asset test</p> <p>NOTE: Food Stamp Program only: Vehicles are not an asset.</p>	<p>Prior to approval, at redetermination and when ownership of a different or additional vehicle is reported</p>	<p>Vehicle title, registration, legal contract, NADA book, NADA on the TPX menu, ES-V-1, statement of knowledgeable source. The following Internet websites may be used: CarPrices.com, AutoPricing.com, Intellichoice.com, Edmunds.com and the Kelley Blue Book at kbb.com.</p> <p>NOTE: The NADA free website must not be used because trade-in values are not listed.</p>
<p>2. Trust Fund Or Other</p>	<p>All Programs and coverage</p>	<p>Prior to approval, when</p>	<p>Written agreement</p>

Similar Device, Including Burial Trusts.	groups subject to an asset test	client reports establishment of a trust	
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
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

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
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	All Programs and coverage groups subject to an asset	When such funds are received.	Award letter, statement from provider of funds, copy of

<p>An Asset.</p> <p>Verify: amount, source, date received, how much used to repair or replace an asset</p>	<p>test</p>		<p>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, QI-1 and QI-2</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. Statement from SSA that dedicated account meets SSA definition.</p>

B. INCOME

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
<p>1. Earned Income.</p> <p>Verify source and amount.</p> <p>NOTE: All income used in calculating eligibility and</p>	<p>All Programs and coverage groups with an income test</p>	<p>Prior to approval, at redetermination. Medicaid: When a change in the amount is reported.</p> <p>FS; WORKS: When a change is</p>	<p>Pay stubs, written statement from employer, self- employment records, Work Record Sheet ES-17</p>

<p>the amount of the benefit must be verified. However, income considered, but not used, need not be verified.</p> <p>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.</p>		<p>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.</p>	
<p>2. Unearned Income Verify source and amount.</p> <p>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.</p> <p>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.</p>	<p>All Programs and coverage groups with an income test</p>	<p>Prior to approval, at redetermination, when a change in the source or amount is reported.</p> <p>FS Only: The change in the amount must be more than \$25 for verification to be required.</p>	<p>Award letter, computer matches, written statement from source, CSED information, written statement from contributor, RAPIDS data exchanges</p>

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
<p>3. Savings Bond Received As A Gift</p> <p>Verify date of purchase and cash-in value</p>	<p>SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB, QI-1 and QI-2</p>	<p>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</p>	<p>Bond, financial institution</p>
<p>4. Lump Sum Payment</p> <p>Verify amount used to meet life-threatening situation or amount unavailable.</p>	<p>WV WORKS</p>	<p>Prior to shortening the period of ineligibility</p>	<p>Media stories, statement of knowledgeable person, police reports, hospital reports, physician's statement</p>
<p>5. IRS Information</p>	<p>All Programs</p>	<p>When reported through IEVS</p>	<p>See Chapter 3.</p> <p>Use the best source of verification available. When there is absolutely no other source of verification the client's statement must be used.</p>

C. INCOME DEDUCTIONS

ITEM		WHEN TO	POSSIBLE SOURCES
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	PROGRAMS	VERIFY	OF VERIFICATION
<p>1. Educational Funds</p> <p>Verify the source amount and amount earmarked for educational purposes</p>	<p>All programs and coverage groups subject to an asset test</p>	<p>Prior to allowing the deduction.</p> <p>FS Only: Verify amount used for educational expenses when amount used exceeds earmarked amount</p>	<p>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</p>
<p>2. Medical Expenses</p> <p>Verify amount owed by the client which will not be reimbursed by a 3rd party.</p> <p>FS: Anticipated medical expense may be used.</p>	<p>FS, SSI-Related and AFDC/U-Related Medicaid</p>	<p>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.</p> <p>SSI- and AFDC/U-Related: Prior to using the expense for spenddown</p>	<p>Medical bills, medical receipts, written estimates of anticipated cost from the medical provider, health insurance EOB, billing staff in hospital or doctor's office</p>

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.	<p>Current bills or receipts. If a homeless AG has difficulty obtaining traditional types of verification, the Worker must use judgement in determining if verification obtained is adequate.</p> <p>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.</p>

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
<p>4. Utility Expenses</p>	<p>FS</p>	<p>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.</p>	<p>Current bills or receipts</p>
<p>5. Child Support</p> <p>Verify the legally obligated amount and the amount actually paid, including the value of any in-kind payments.</p>	<p>FS</p>	<p>Prior to approval, at redetermination or when the client reports a change in the legally obligated amount or amount actually paid.</p>	<p>Court order or legal separation agreement, cancelled checks, pay stubs showing wage withholding, signed receipt or statement from the custodial parent.</p>

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. Attachment To The Labor Force	AFDC Medicaid, AFDC-Related Medicaid when deprivation factor is unemployment	Prior to approval, at redetermination, prior to changing deprivation factor to unemployment, prior to addition of an individual with a deprivation factor of unemployment	Pay stubs, Wage Match printout, statement from employers, receipt of UCI in last 12 months, W-2 forms, self-employment records, copy of income tax return, Work Record Sheet ES-17
3. 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

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
4. 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
5. 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
6. 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.

7. 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.
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E. WORK REQUIREMENTS

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
1. Illness Or Impairment Of An Individual	FS, WV WORKS	<p>Prior to exempting the individual from work participation or FSE&T requirements.</p> <p>WV WORKS Only: In addition, at 3-month intervals, beginning with the first month of exemption, or at each redetermination, whichever is earlier.</p> <p>FS Only: When illness or impairment is not obvious, at yearly intervals beginning with the first month of exemption.</p>	<p>Joint decision by Worker and Supervisor when supported by definitive medical information; MRT decision for TANF and WV WORKS.</p>
ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
2. An Individual Needed In The Home To Care For An Ill, Handicapped Or Disabled Person	FS, WV WORKS	<p>Prior to exempting the individual from participation, at redetermination</p>	<p>Definitive statement from physician, licensed psychologist; MRT decision for WV WORKS</p>
3. Pregnant	FS, WV WORKS	<p>Prior to exemption</p> <p>FS only: Exemption applies only to ABAWD time limits.</p>	<p>Statement from physician or other licensed health care provider, which shows the expected date of delivery.</p>
4. Good Cause For Leaving Or Refusing Employment	FS, AFDC Medicaid and WV WORKS	<p>When an AG member leaves or refuses employment and claims he had good cause.</p>	<p>Employer's statement, grievance board decisions, statements of witnesses, BEP decision</p>
ITEM	PROGRAMS	WHEN TO	POSSIBLE SOURCES

		VERIFY	OF VERIFICATION
5. Good Cause For Voluntarily Quitting Employment	FS, AFDC Medicaid and WV WORKS	<p>FS: When an applicant quits employment within 60 days prior to the application date or a recipient quits a job at any time.</p> <p>AFDC Medicaid: When an applicant quits employment within 30 days prior to the application date or a recipient quits a job at any time.</p> <p>WV WORKS: When an applicant quits employment within 45 days prior to the application date or a recipient quits a job at any time.</p>	Employer's statement, grievance board decisions, statements of witnesses, BEP decision
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	<p>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.</p> <p>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.</p>
8. BEP	FS	When the	Information from

		applicant or recipient - is not exempt, and - lives in a county not covered by FSE&T he is required to register at application and no more often than every 12 months after that. See Section 13.4	BEP
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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 benefit group	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 benefit group	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 reevaluation.	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 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 CHIP I and CHIP II	Prior to approval NOTE: Is not waived for FS Expedited Service cases	Driver's license, school records, marriage records, library card, credit cards, Employment Services registration card, Social Security card, written statements from neighbors, police records, employment records
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.	<p>When a benefit group member appears to be eligible for a benefit which would reduce or eliminate the client's need for public assistance.</p> <p>Applications: Prior to Approval</p> <p>Active Cases: For UCI benefits: Application must be made within 30 days of the date of referral.</p> <p>All other benefits: Application must be made within a reasonable period of time, determined by the Worker and client</p>	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.
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ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
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.
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. Marriage	WV WORKS	Prior to approval of Marriage Incentive	Marriage certificate; other official documents
10. 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.
11. Adult-Supervised Living Arrangement	WV WORKS	Prior to approval; at each redetermination; when a change is	Contact with the supervising adult; written statement from the supervising adult;

		reported.	collateral contacts; home visit.
12. 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.
13. 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.

ITEM	PROGRAMS	WHEN TO VERIFY	POSSIBLE SOURCES OF VERIFICATION
14. 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.
15. Conditions for WV WORKS	WV WORKS	Prior to issuance of Achievement Bonus	<p>Information provided by Department of Education about GED, perfect attendance or higher functional level.</p> <p>Information from training instructor for perfect attendance or completion of training.</p> <p>Any written documentation client may already have received, such as recognition of perfect attendance, GED diploma, other certificates.</p> <p>For jobs retention, current pay stubs, statement from employer, current business license.</p>