TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR

RE: ELIMINATION OF OPTIONAL VERIFICATION AND OVER VERIFICATION

PROGRAM AFFECTED: FOOD SUPPLEMENT PROGRAM

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY:

For many years we have allowed local departments to choose verification options as described in the Food Supplement Program Manual section 408.6. Due to concerns about over verification, with this action transmittal, we are eliminating these options. This action transmittal also provides an overview of mandatory verification requirements.

ACTION REQUIRED:

Normal Processing

Require only the following mandatory verification at application for normal processing:

1. Gross, non-exempt income;

2. Social Security Number
   Note: Do not request a social security card. Verify once. If the CARES DEM1 screen SSN verification field is coded with valid value “FV” the SSN is verified.

3. The amount of medical expenses for applicants or recipients who are age 60 or older or who meet the definition of disabled in section 212.3B in the FSP manual, including reimbursed amounts, if the household claims allowable medical expenses above $35 per month.

4. Amount of non-excluded resources;
   Note: Do not request verification of resources for categorically eligible cases.
5. Residency (except in the case of homelessness, households newly arrived in the project area and some migrant farm workers);
   Note: You can usually use documents used to verify other factors of eligibility to verify residency.

6. Identity;
   Note: Do not require picture identification. Documents used to verify other factors of eligibility can usually be used to verify identity. Use a collateral contact if there is no other way to verify identity.

7. Immigration status for applicant non-citizens; (for further clarification see FSP Manual section 120.14, Immigrants)
   Note: Do not request verification of citizenship, such as a birth certificate, for FSP cases unless questionable.

8. Legal obligation to make child support payments to or for an individual living outside the household and the amount of the actual payment.

9. Disability when necessary for other eligibility determinations (e.g. eligibility for uncapped shelter, medical expenses, student status or exemption from work registration);

10. Shelter costs for a homeless household if it claims shelter expenses that would result in a shelter deduction in excess of the homeless shelter allowance of $143;

11. Hours worked by an ABAWD and countable months in another state if applicable.

Require the following application for normal processing if questionable:

1. Household composition, only if questionable;
   Example: The applicant reports that she lives in the home with her mother and that they purchase and prepare their food separately. The customer is 25 years old. Do not request verification of separate food purchase and preparation unless it meets the criteria listed below for questionable information.

2. Utility expenses, if:
   (a) Entitled to a utility standard, only if questionable
   (b) If not entitled to claim a utility standard but has a single utility expense
   (c) The household wishes to claim utility expenses for an unoccupied home.

Note: See definition of questionable information below.

**Expedited Processing**

For expedited processing verification of Identity is mandatory when processing an application for expedited service. For expedited processing, the local department:
1. Must verify the identity of the applicant through a collateral contact or other readily available documentary evidence.  
   Note: If the customer is known to CARES, you can ask a question about personal data that only the person is likely to know.

2. Must make reasonable efforts to verify the household’s residency, income, liquid resources and other factors of eligibility within the expedited processing time frames.

3. Cannot delay certification beyond the expedited processing timeframes if eligibility criteria other than identity cannot be verified.

**Verification of Questionable Information**

1. Local departments must verify all other factors of eligibility if they are questionable and affect the household’s eligibility or benefit level.

2. To be considered questionable, the information on the application must be:
   a. Inconsistent with statements made by the applicant; or
      Example: The customer listed herself, her boyfriend and their son on her SAIL application. During the interview the case manager asked about her boyfriend’s income. The customer then stated that he does not live with her. Since the customer’s statements are inconsistent with her prior statements, it is appropriate to verify household composition.

   b. Inconsistent with other information on the application or on previous applications;
      Example: The customer reported on a previous application that her former husband gives her $1,000 per month. This amount, when added to her other income, exceeded the income limits and her case was denied. The customer reapplied two months later and did not list this income. When questioned, she said she no longer receives it. Since this statement is inconsistent with information on a prior application, it is appropriate to request verification.

   c. Inconsistent with information received by the local department.
      Example: The customer reported she had lost her job with ABC Corporation and had no income. The most recent MABS screen shows earnings with this company and also that she was getting unemployment benefits. The customer’s statement is inconsistent with information received by the local department.

3. Evaluate each household on the basis of its individual circumstances when determining if information is questionable.
   Example: A household’s report of expenses that exceed its income may or may
not be grounds for the local department’s request for further verification. In this situation, explore with the household how it meets its expenses. If the customer’s explanation is reasonable, for example, the customer stated she just lost her job or has been living on savings, there is no reason to ask for further verification.

**INQUIRIES:** Direct all Food Supplement inquiries to Phyliss Arrington at 410-767-7079 or Parringt@dhr.state.md.us or to Rick McClendon at 410-767-7307 or rmccclend@dhr.state.md.us.

cc: DHR Executive Staff  
FIA Management Staff  
Constituent Services  
DHR Help Desk
<table>
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<th>Verification:</th>
<th>Examples of Acceptable Forms of Verification</th>
<th>Telephone contact as verification-narration states</th>
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| **Identity**-Is the only verification required to issue expedited FS | - Driver’s License  
- Picture ID  
- Library card  
- Collateral contact  
- Any available documentation | - Telephone number, position, name of business or individual contacted  
- Date contact was made | The case is ineligible if the agency cannot verify. | Remember, verification of identity does not have to be a picture ID and can be a collateral contact or can be verified through CARES or MABS. |
| **Gross non-exempt income** | - Pay stubs  
- Statement or letter from employer  
- Award Letters  
- SVES or MABS  
- Letter from individual making contribution or payment  
- Tax forms (schedule C) for self employed individuals | - Telephone number, position and name of business or individual contacted  
- Date contact was made  
- Rate and frequency of pay  
- Amount and frequency of contribution or payment | The case is ineligible if the agency cannot verify. | If all attempts by agency and customer to obtain verification were unsuccessful because the employer or other individual failed to cooperate then accept a written statement from the customer. |
| **Social Security Number**-Verify once | - The customer only has to provide a number. The agency must verify the number through SVES or other readily available documentation.  
- An “FV” on the DEM1 screen is acceptable. | | | |
| **Resources:**  
Checking and Savings Accounts (Categorically Eligible HHs do not have to verify Resources) | - Bank Statements  
- Computer printouts from bank | - Telephone number, name and position of employee of financial institution  
- Date contact was made  
- Amount of resources  
- In certain circumstances, whether or not the customer has access to those resources. | The case is ineligible if the agency cannot verify, unless categorically eligible. | |

Case managers must help customers in obtaining verification.
## Food Supplement Program Mandatory Verification

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| **Residency**-that the customer lives in the project area | - Rent form  
- Lease  
- Mortgage paper or bill  
- Letter from landlord  
- Driver’s license  
- Bills or other mail  
- Letter from neighbor  
- *Any readily available documentation* | - Telephone number and name of landlord or employee of rental office.  
- Name and telephone number of another responsible adult living in the home.  
- Date contact was made | | In unusual cases, such as migrant farm worker, homeless or new arrived in the project area, certify without verification of residency.  
If it proves impossible to verify residency, certify the HH if otherwise eligible. |
| **Immigration status, if not a citizen** | - Resident Alien Card  
- I-94  
- Immigration Documents  
- Letter from the Office of Refugee Resettlement  
- Any verification that contains customer’s alien number | | The individual is ineligible if the agency cannot verify. | An individual can apply on behalf of eligible members, but choose to be a non-member and not reveal immigrant information. However, if the non-member is a mandatory HH member, he/she must provide income information so that it can be prorated toward the eligible members. |
| **Disability (if needed for uncapped shelter, medical deductions or exemption from work registration or ABAWD status)** | To allow uncapped shelter:  
- 402B  
- SRT approval  
- Disability payment  
Also allowed for exemption from work registration or ABAWD requirements:  
- Letter from Doctor *if disability is not apparent.*  
To allow medical deductions:  
- The customer must be receiving an approved disability payment. | - Telephone number and name of doctor or name and position of medical employee.  
- Date contact was made  
- Statements made to verify disability. | - The case is still eligible if all other factors of eligibility are verified but an uncapped shelter or deduction cannot be received.  
- If customer is unable to verify a disability and it is not apparent to CM, he/she is not exempt from ABAWD or work requirements. | |

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| Medical Expenses | - Doctor Bills  
- Hospital bills  
- Pharmacy print outs  
- Medicare statements  
- SVES for Medicare  
- Receipts  
- Letter from doctor or licensed practitioner. | - Telephone number, and name of Doctor, Licensed Practitioner or Pharmacist.  
- Date contact was made  
- Name of Hospital or Pharmacy  
- Amount and frequency of payment | If otherwise eligible certify without the deduction. | |
| Utility Expenses for an unoccupied home | - Utility bills  
- Letter from landlord  
- Canceled checks | - Telephone number and name and position of employee of utility company or landlord  
- Name and telephone number of another responsible adult living in the home.  
- Date contact was made | If otherwise eligible certify without the deduction. | |
| Legal obligation and actual child support payments | - IVD records  
- Divorce decree  
- Letter from judge  
- Canceled checks  
- MABS if receiving UIB | | If otherwise eligible certify without the deduction. | |

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| No longer employed | -MABS  
- G01 in MABS if employment ended 3-6 months ago or more  
- F04 in MABS if customer has applied for UIB  
- Letter from employer  
- Wage form  
- Letter from unemployment | -Telephone number, position and name of business or person contacted  
Date contact was made  
-Rate and frequency of pay  
-Amount and frequency of contribution or payment | The case is ineligible if the agency cannot verify | If all attempts by agency and customer to obtain verification were unsuccessful because the employer failed to cooperate-accept a written statement from the customer |
| Household Composition Only if questionable | -Lease  
- Rent form  
- Letter from landlord  
- Letters from adult HH members  
- Documentation from school | -Telephone number and name of landlord or employee of rental office.  
- Name of responsible and relationship to customer of adult living in home with the customer.  
- Date contact was made | The case is ineligible if verification is needed and the agency cannot verify.  
If an 1130 is needed to verify HH size and it is not returned, the narration must state that it was needed for HH size. A closure or denial for failure to return an 1130 without supporting narration is invalid. | |
| Utility Expenses if claiming only one utility and not eligible for a utility standard | -Utility bills  
- Letter from landlord  
- Canceled checks  
- Letter from another responsible individual in the same residence | -Telephone number and name and position of employee of utility company or landlord  
- Name and telephone number of another responsible adult living in the home.  
- Date contact was made | If otherwise eligible certify without the deduction. | |
| Utility Expenses for entitlement to SUA, LUA or the phone allowance Only if questionable | -Utility bills  
- Letter from landlord  
- Canceled checks  
- Letter from another responsible individual in the same residence | -Telephone number and name and position of employee of utility company or landlord  
- Name and telephone number of another responsible adult living in the home.  
- Date contact was made | If otherwise eligible certify without the deduction. | |
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<tr>
<td>Shelter Costs Only if questionable</td>
<td>-Rent form</td>
<td>-Telephone number and name of landlord or employee of rental office</td>
<td>If otherwise eligible certify without the deduction.</td>
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<td></td>
<td>-Lease</td>
<td>-Date contact was made</td>
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<td></td>
<td>-Letter from landlord</td>
<td>-Amount and frequency of rent paid by customer</td>
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<td>This is a mandatory verification to allow the greater shelter deduction, even for jurisdictions that choose not to verify shelter.</td>
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<td></td>
<td>-Canceled checks</td>
<td>-If customer is not currently paying full amount, will he/she have to repay landlord for missed rent.</td>
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<td></td>
<td>-Copy of bills</td>
<td>-Is the customer responsible for payment, or is a third party or is there an in kind agreement</td>
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<td></td>
<td>-Mortgage statement or bill</td>
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<tr>
<td>Homeless Shelter Costs if in excess of the Homeless Shelter Allowance</td>
<td>-Rent form</td>
<td>-Telephone number and name of landlord or employee of rental office or responsible HH member</td>
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<td></td>
<td>-Lease</td>
<td>-Date contact was made</td>
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<td></td>
<td>-Telephone number and name of landlord or employee of rental office</td>
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<td>Dependent Care Costs Only if questionable</td>
<td>-Canceled checks</td>
<td>-Date contact was made</td>
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<tr>
<td></td>
<td>-Letter from provider</td>
<td>-Amount and frequency of dependant care payment.</td>
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<td>-Bills</td>
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<td>Verify all other factors of eligibility if they are questionable and affect the household’s eligibility or benefit level</td>
<td>Any of the above verification</td>
<td>-Telephone number and name and position of contact person</td>
<td>If a customer fails to verify a questionable situation (other than a deduction), the case can be closed. Be sure to narrate what information was requested and why the case closed.</td>
<td>Remember: -If a customer fails to verify a deduction, simply remove that deduction. -Categorically Eligible HHs do not have to verify resources. -Case managers must make every attempt to assist the customer in obtaining verification.</td>
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<td></td>
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<td>-Date contact was made</td>
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<td>-Statements made by contact person to clarify questionable situation.</td>
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