

Public Assistance Verification Matrix

Always use the Minimal Standard.
The preferred method of verification is listed first. If it is not available, go to the next method.

CC = Collateral Contact; CS = Client Statement; HC = Hard Copy; IF = Interface

Note: these values may not be valid values for CBMS.

Eligibility Criteria	FA	CW	MA		AF		ACCEPTABLE SOURCE (not all inclusive)
			MAGI	NON-MAGI	OAP	AND	
Absent Parent Information	-	CS CC HC	-	-	-	-	<ul style="list-style-type: none"> Fill out the Absent Parent Screen
Citizenship	CS	CS	CS	HC	IF	IF	<ul style="list-style-type: none"> Citizenship will be verified electronically through the SCHIP for Medical - OR original documents when Electronic Verification is not available
Date of Birth	CS	IF	CS	CS	IF	IF	<ul style="list-style-type: none"> DOB Verified via SVES, SOLQ, SDX, BENDEX, SAVE
Deductions (Dependent care, medical, child support paid, etc.)	IF CC HC	HC	CS (5%) ACROSS	-	HC CC IF	HC CC IF	<ul style="list-style-type: none"> For AF, medical expenses only (receipt, provider statement) Dependent care (provider statement, receipt) ACES Interface (for Child Support) Following documents that show Child Support Deductions: <ul style="list-style-type: none"> Court Order/Order Number FSR Printouts UIB Paycheck Stub Social Security Interface or Award Letter
Disability/Incapacity	HC CC	CS CC HC	CS	HC	CS	HC	<ul style="list-style-type: none"> Observation by EF worker for EF exemption (for FA eligibility for determining 24 month cert or medical expense allowance must use SSA criteria, see 4.304.41, C, 1) Doctor's statement Med-9 (required for AND) Social Factors-supervisor shall complete IM14

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Dual Participation (Out of state) Prior Aid	CS CC HC	CC IF HC	-	-	-	-	<ul style="list-style-type: none"> If in the application month or recertification month and not questionable use CS Collateral call PARIS report Discontinuation notices
Employment Termination	CS CC IF HC	CC HC IF	CS	CS	CC HC IF	CC HC IF	<ul style="list-style-type: none"> If in the application month or certification month and not questionable, use CS Work Number Collateral call to former employer DOLE Employment letter Layoff papers
Felony Drug Conviction	-	CC HC	-	-	-	-	<ul style="list-style-type: none"> Collateral call Confirmed participation in or completion of a drug treatment program Prison/Jail Records Parole/Probation Records
Financial Aid (Higher Education)	CC HC	CC HC	-	-	-	-	<ul style="list-style-type: none"> Collateral call Statement, letter or records from school/organization Financial Aid Verification Award Letter <p>*Verify expenses for non-Title IV Financial Aid; verify only to determine eligible student status</p>
Fugitive, Fleeing Felon, or Parole Violator	CC HC	CC HC	-	-	CC HC	CC HC	<ul style="list-style-type: none"> Call to law enforcement State Auditor's Report Hard Copy Documentation from law enforcement For FA, person must be aware that warrant has been issued to be considered fleeing
Household composition	CS	CS	CS	CS	CS	CS	<ul style="list-style-type: none"> Client statement unless questionable
Identity (Only verified once)	HC IF CC	CS	HC IF	HC IF	HC IF	HC IF	<ul style="list-style-type: none"> For FA, only for HOH Valid driver's license, DMV ID card, DMV Interface, or state identity card Work or school ID card Military service ID <u>NOT AN ALL INCLUSIVE LIST; for FA, please refer to rule B-4.505.1</u>

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<p>Income – Earned, Unearned, and In-Kind</p> <p>(Wages, Self-employment, child support, SSA, etc.)</p> <p>*For earned income, must be able to determine accurate, representative income with a minimum amount of verification</p>	CC HC IF CS*	CC HC IF	CS IF	CC HC IF	CC HC IF	CC HC IF	<ul style="list-style-type: none"> ■ Work Number ■ Collateral call to employer ■ Earning statements or check stubs ■ Self-Employment: recent IRS tax return or business records ■ *Client Statement is an acceptable source for FA for some self-employment only ■ Cash contributions: Statement from person or agency providing the money or making payment for you ■ Employer Statement ■ Statement from person providing In-Kind income ■ Consider Reasonable Compatibility for MAGI Medicaid ■ Child support: <ul style="list-style-type: none"> ■ Out of state verification ■ Current court records ■ Statement from parent providing support ■ Support agreement ■ Divorce or separation decree ■ ACSES Interface
Lawful Presence (Only verified once)	-	HC IF	-	-	HC IF	HC IF	<ul style="list-style-type: none"> ■ Signed lawful presence affidavit ALSO ■ Valid driver's license, DMV ID card, DMV Interface, or state identity card ■ Work or school ID card ■ Military service ID ■ Other Authorized IDs per DOR
Living arrangements (minors)	-	CS CC HC	-	-	-	-	<ul style="list-style-type: none"> ■ Group homes, maternity homes, non-biological parent ■ Refer to state policy for other approved setting criteria
Marital Status / Civil Union	CS	CS	-	HC	HC	HC	<ul style="list-style-type: none"> ■ For AF, need a hard copy of dissolution of marriage or legal separation
Parent Custody Agreement (Exercises Responsibility)	HC * CC*	CC HC	-	-	-	-	<ul style="list-style-type: none"> ■ Court documents ■ Letter signed by parent(s) ■ Caretakers – Proof of custody ■ *Only applicable for FA if two HHS are disputing custody and are applying for FA for the same child(ren)

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Pregnancy and Estimated Due Date	-	CC HC	CS	CS	-	CC HC	<ul style="list-style-type: none"> For FA EF exemption: worker observation, Doctor's statement, or CC For CW, Doctor's statement, medical record with due date, medical assessment report
Program Disqualifications	CC HC CS	CC HC	-	-	-	-	<ul style="list-style-type: none"> eDRS (then verify with State mentioned) For FA: If information is found in eDRS, client can affirm that information through CS. If client will not affirm, we must verify DQ period and decision date or waiver date with other state
Pursuit of Available Income	-	CS CC IF	-	HC CC IF	CS CC IF	CS CC IF	<ul style="list-style-type: none"> Proof of application for UIB / VA benefits / Railroad retirement / Social Security SVES
Qualified non-citizens status	IF HC	HC	HC	HC	HC	HC	<ul style="list-style-type: none"> SAVE Form I-94, I-151, I-551 or other valid United States Citizenship and Immigration Service (USCIS) records SA 40-Quarter Social Security Number Inquiry
Relationship	CS	CS HC CC	-	-	CS	CS	<ul style="list-style-type: none"> Collateral contact Birth certificate Adoption papers or records Hospital or public health records of birth and parentage Bureau of Vital Statistics documents School or day care records Child support paternity records BIA or Tribal records Marriage license/tribal marriage certificates Divorce/Custody papers Court records of parentage
Residency	CS	CC HC	CS	CC HC	CS	CC HC	<ul style="list-style-type: none"> Client statement unless questionable Lease Mail DMV card

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Resources (Bank accounts, cars, insurance, etc.)	CS* CC* HC*	-	CS	HC CC	HC CC	HC CC	<ul style="list-style-type: none"> ■ Kelly Blue Book ■ Current bank or credit union statement(s) (including Online printouts) ■ Insurance policy <p>*FA: Resources count only for HHs subject to standard eligibility rules. Use CS unless questionable</p> <p>*FA: Vehicles exempt for ALL HHs.</p> <ul style="list-style-type: none"> ■ NOT ALL INCLUSIVE...
Retro Med	-	-	CS	-	-	-	<ul style="list-style-type: none"> ■ Date of service up to 90 days back from date of app including verification of income for the date spans
Shelter Costs (Rent/Mortgage/Taxes/Insurance/HOA)	CS	-	-	-	CC HC	CC HC	<ul style="list-style-type: none"> ■ FA: Client statement unless questionable ■ Collateral call ■ Statement from mortgage company or bank ■ Current lease, rental receipt ■ Statement by landlord <p>*Only needed for AND/CS and OAP</p>
Social Security Number	CS IF	CS IF	IF	CS IF	CS IF	CS IF	<ul style="list-style-type: none"> ■ SVES Interface
Sponsor Information	HC	HC	HC	HC	HC	HC	<ul style="list-style-type: none"> ■ Secondary SAVE ■ Affidavit of Support I-864 ■ All Sponsor income, resources, and household comp.
Standard Utility Allowance (SUA)	CS	-	-	-	CC HC	CC HC	<ul style="list-style-type: none"> ■ LEAP ■ For AF - only required if needed to determine responsibility for fair share in addition to shelter costs
Student Information (high school)	CC HC	CC HC	-	-	-	-	<ul style="list-style-type: none"> ■ Verification from school if: <ul style="list-style-type: none"> ■ 16-18 & HOH ■ 16-18 employed & living with parents ■ For CW: all school-aged children require verification from school.
Third Party Insurance	-	-	CS IF	HC IF	-	-	<ul style="list-style-type: none"> ■ Copy of Medical Insurance Card – both sides ■ BENDEX ■ Insurance Policy Numbers