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

FROM: NETSANET KIBRET, EXECUTIVE DIRECTOR

RE: VERIFICATION FOR SHELTER AND DEPENDENT CARE EXPENSES

PROGRAM AFFECTED: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

ORIGINATING OFFICE: OFFICE OF PROGRAMS

Summary

Maryland is reintroducing shelter and dependent care expense verification in an effort to reduce SNAP payment errors. Strict adherence to this revised policy will ensure that Maryland remains a national leader in program integrity efforts, including payment accuracy.

Action Required

Beginning February 1, 2020, a SNAP household’s dependent care and shelter expenses will no longer be declaratory; they will be mandatory. Case managers must verify shelter and dependent care expenses at application, redetermination, and interim change. The SNAP Verification Reference Chart is updated to reflect this revised policy.

Policy Reminders:

- Shelter costs include:
  a. Heating and/or cooling costs for which the customer is responsible to pay and are billed separately from the household’s rent or mortgage payment.
  b. Rent, mortgage, lot rent, association fees and/or property insurance costs for which the customer is responsible to pay.
- A customer’s failure to submit verification of dependent care or shelter costs alone should not lead the denial or closure of an application. Where and when this occur, case managers should process the case without the deductions. Case managers should add text to the notice advising the customer that she or he may receive the deductions if required...
shelter and/or dependent care verification is submitted at any time during the certification period.

- Case managers are required to assist customers in obtaining verification, e.g. collateral contact. When assisting customers in this process, case managers may only disclose customer information to relevant individuals or organizations; information shared with those individuals should be limited to the minimum necessary to obtain the required verification.

**Attachments**
- SNAP Manual Sections:
  - Deductions: 212
  - Verifications: 408
- SNAP Verification Reference Chart revised 12.2019

**Inquiries**

For SNAP policy-related questions, please complete the [FIA Policy Information Request Form](#) found on Knowledge Base as shown in the screenshot below.

For CARES/systems related inquiries, please contact [fia.bsdm@maryland.gov](mailto:fia.bsdm@maryland.gov).

c:  
DHS Executive Staff  
Constituent Services  
DHS Help Desk
212.1 Purpose

This section reviews allowable SNAP deductions.

212.2 General Information

Certain deductions are allowed when determining net monthly income for SNAP purposes. No other deductions from gross countable income are permitted. The deductions allowed for households with aged and/or disabled members differ from those for all other households.

212.3 Allowable Deductions for Households with Aged/Disabled Members

A. The allowable deductions for households with aged or disabled members include the following:

1. The standard deduction (See SNAP Manual Section 600);

2. The earned income deduction (20% of gross earned income and 50% for self-employment income - See manual section 104 for more detailed information on self-employment income);

   NOTE: The 50% self-employment deduction represents the cost-to-produce. The household also receives the 20% earned income deduction.

3. A dependent care deduction for children under 18 and people with disabilities of any age, with no limit, including transportation costs and activity fees;

4. An excess shelter deduction with no limit;

5. An excess medical expense deduction; and

6. A child support deduction for legally obligated child support payments paid by a SNAP household member to or for a child outside the household.

B. A household qualifies for these deductions if it contains a member who is:

1. Age 60 or older; or
2. Receiving federal or state supplemental benefits under Section 1616 (a) of the Social Security Act (SSA) provided that the eligibility to receive the benefits is based upon the disability or blindness criteria under title XVI of the SSA; or

3. Receiving federally or state administered supplemental benefits under Section 212 (a) of Public Law 93-66; or

4. Receiving Social Security Disability Insurance (SSDI) benefits; or

5. Receiving Supplemental Security Income (SSI) benefits, including persons receiving SSI based on presumptive eligibility; or

6. Receiving disability payments from the Veteran’s Administration (VA) equal to the full (100%) disability; or

7. A veteran with a service-connected or non-service connected disability rated by the Veteran’s Administration as total or paid as total by the VA; or

8. A veteran considered by the VA to be in need of regular aid and attendance or permanently housebound; or

9. A surviving spouse of a veteran and considered by the VA to be in need of regular aid and attendance or permanently housebound, or a surviving child of a veteran and considered by the VA to be permanently incapable of self-support; or

10. A surviving spouse or surviving child of a veteran and considered by the VA to be entitled to compensation for a service-connected death or pension benefits for a non-service connected death, and has a disability considered permanent under Section 221 (I) of the Social Security Act.

Note: Entitled refers to those veterans’ surviving spouses and surviving children who are receiving the stated payments, or are approved to receive such payments but are not yet receiving them.

11. State agency disability benefits which are at least as stringent as those under Title XVI of the Social Security Act.
12. Receiving disability retirement benefits from a governmental agency because of a disability considered permanent under the Social Security Act; or

13. Receiving an annuity payment under the Railroad Retirement Act of 1974 and is determined eligible to receive Medicare by the Railroad Retirement Board.

212.4 Allowable Deductions for All Other Households

The allowable deductions for all other households are the following:

A. The standard deduction (SNAP Manual Section 600);

B. The earned income deduction (20% of gross earned income and 50% for self-employment income; the 50% deduction represents the cost-to-produce);

C. The dependent care deduction for children under 18 and people with disabilities of any age, with no limit, including transportation costs and activity fees;

D. An excess shelter deduction, up to the maximum (See SNAP Section 600); and

E. A child support deduction for legally obligated child support payments paid by a SNAP household member to or for a child outside the household.

212.5 Standard Deduction

Allow the standard deduction for each household according to the amounts listed in SNAP Section 600, regardless of the household type or the source of the household’s income.

212.6 Earned Income Deduction

The earned income deduction is intended to cover work-related expenses such as, but not limited to, taxes, social security, union dues, and uniforms.

212.7 Dependent Care Deduction

A. Allow the actual cost for the care of a child or incapacitated adult when the care is necessary to enable another member of the household to work. This includes seeking, accepting or continuing employment or training or education preparatory to employment.
Note: A dependent-care deduction is allowed when necessary for a household member to accept or continue employment. Allow a dependent care deduction when a customer has a temporary leave of absence from employment for a short period of time and the person plans to return to the same job.

B. Verification of dependent care expenses. Dependent care expenses must be verified. Acceptable verification includes a bill or written statement from the provider or collateral contact with the provider.

212.8 Excess Medical Expense Deduction

A. Allow a deduction for the portion of allowable medical expenses that exceed $35 per household per month when incurred by aged or disabled household members.

B. Do not count medical expenses incurred by household members who are not aged or disabled toward this deduction.

C. Do not count medical expenses paid by insurance or another party who is not a household member toward this deduction.

D. Allowable medical expenses are limited to the following:

1. Medical and dental care including psychotherapy and rehabilitation services when provided by a State-licensed practitioner;

2. Hospitalization or outpatient treatment, nursing care and nursing home care including payments made by the household for an individual who was a household member immediately prior to entering a hospital or nursing home;

3. Prescription drugs when prescribed by a health professional licensed under State law to prescribe drugs, including the charge for postage and handling of mail-order prescription drugs;

4. Eyeglasses when prescribed by an ophthalmologist or optometrist;

5. Over-the-counter medication (including insulin) and other health-related supplies when approved by a licensed health professional;
6. Premiums for health and hospitalization insurance policies and long term care insurance policies (excluding the cost of income maintenance type health policies and accidental policies);

7. Medicare premiums;

8. Any cost-sharing or spend down amounts incurred by Medicaid recipients;

9. Dentures, hearing aids and prosthetics;

10. Cost of securing and maintaining a service animal;
   (a) This includes seeing-eye or hearing guide dogs, housekeeper monkeys and any other animal specially trained to serve persons with disabilities.
   (b) Allowable costs include, but are not limited to, the costs of obtaining and training the animal and food and veterinary care.

11. Actual costs, or when these cannot be determined, the cents per mile figure established by the State, of transportation and lodging necessary to secure medical treatment or services; and

12. The costs of employing an attendant, homemaker, home health aide, housekeeper, or child care provider due to age, infirmity or illness. Include in this cost an amount equal to the SNAP allotment for one person if the household provides the majority of the attendant’s meals. Treat these costs as a medical expense if the attendant care cost could qualify under both the medical and dependent care deductions.

E. Verification of Medical Expenses

1. Verify medical expenses, including the amount of reimbursement, at initial application and at recertification if the source or the amount changes by more than $25. If a household voluntarily reports a change in medical expenses during a certification period, it must be verified if the change would increase the household’s allotment.

2. Acceptable verification of medical expenses includes, but is not limited to the following:
(a) Current bill or written statement from the provider that shows all amounts paid by insurance, Medicare or Medicaid;

(b) Insurance, Medicare or Medicaid statements that show charges incurred and the amount paid by the insurer;

(c) BENDEX for Medicare premium;

(d) Written statement from licensed health care professionals;

(e) Collateral contact with the provider. (May be used to determine costs of over-the-counter medication, health-related supplies and ongoing medical transportation.)

F. Medical expenses are the exception to the policy that allowable expenses can only be deducted when they are due. The household may report and verify at recertification medical bills incurred in the prior certification period.

Reminder: Past due bills on which there has been no current payment are not included.

212.9 Excess Shelter Deduction

A. Allow a deduction, up to the cap noted in SNAP Section 600, for monthly billed shelter costs that exceed 50% of the household’s income after the deductions described above have been made.

B. Note that the excess shelter deduction cap does not apply to households with an aged or disabled member. Those households receive an uncapped shelter deduction.

C. The expenses do not have to be paid to allow the expense.

D. Shelter costs are limited to the following:

1. Rent, mortgage, a second mortgage, or other payments, including interest, leading to ownership of the shelter occupied by the household. The expense must be a continuing one.
2. Payments that exceed the normal monthly payment are not deductible as a shelter expense.

Note: Meal charges paid by households that reside in a home for the elderly and disabled are not a shelter cost.

3. Properties taxes, State and local assessment and insurance on the structure itself, but not separate charges on the contents (e.g. furniture, clothing, and personal belongings). If the cost of insurance includes coverage on both the structure and contents, the entire cost is deducted.


(a) This includes the costs of:

   (i) Heating and cooking fuel;
   (ii) Cooling and electricity;
   (iii) Water and sewerage;
   (iv) Garbage and trash collection fees;
   (v) Well and Septic installation and maintenance; and
   (vi) Fees charged by the utility provider for utility installation, excluding deposits.

(b) Any household that has an obligation for heating and/or cooling separate from its rent or mortgage payment must use the appropriate utility allowance as its total utility cost.

(c) Households not eligible for the utility allowance may claim actual utility expenses for those utilities for which they have an obligation (See SNAP Section 214 for further details on the utility allowances).

5. A household that incurs a separate telephone expense but is not entitled to claim a utility allowance must use the mandatory telephone allowance as listed in SNAP Section 600, even if the actual expense is higher.

6. Condominium and Association Fees. The household is entitled to a shelter deduction for a condominium and association fee. The household is not entitled to a separate deduction for utilities included in the fee.
If the condo fee includes payment for heat, the household is not entitled to the SUA, but if billed separately for electric, may receive the LUA. If the condo fee includes electric, but the household is billed separately for heat, it is entitled to the SUA.

7. **Shelter costs for a temporarily unoccupied home** due to employment or training away from home, illness, or abandonment caused by a natural disaster or casualty loss. The shelter costs for a temporarily unoccupied home can be included provided:

   (a) the household intends to return to the home;

   (b) the current occupants of the home, if any, are not claiming shelter costs on that home for SNAP purposes; and

   (c) the home is not being leased or rented to others during the household’s absence;

   **Note:** Do not use the utility allowance for unoccupied homes. Use only the actual utility costs.

E. Verification of Shelter Expenses

1. Shelter expenses must be verified.

2. Verify utility expenses if the household is entitled to only actual expenses instead of the utility standard.

3. Verify utility expenses for an unoccupied home. Do not use the utility standard.

4. Acceptable shelter expense verification includes, but is not limited to the following:

   (a) Mortgage or rental contracts, or a statement from the mortgage company, bank or landlord;

   (b) Copy of tax, insurance, assessment bills, or a collateral contact with the appropriate government or insurance agency;

   (c) Current bills or a written statement from the provider for heat/utility expenses;

   (d) Collateral contact with the heat/utility provider.
212.10 Homeless Shelter Allowance

A. Households in which all members are homeless but are not receiving free shelter are entitled to the standard homeless shelter allowance (Refer to SNAP Section 600 for current rate). Allow actual shelter expenses, instead of the homeless shelter allowance, if the actual shelter costs would result in a higher deduction under the excess shelter calculation.

B. The determination that a household is homeless is important when deciding if a household is eligible for the homeless shelter allowance. The allowance cannot be claimed unless the household meets the definition of homeless.

C. A homeless individual is one who:

1. Lacks a fixed and regular nighttime address; or

2. Has a primary nighttime address that is:

   (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or

   (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or

   (c) a temporary accommodation in the residence of another individual for no longer than 90 days; or

   (d) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation.

212.11 Child Support Deduction

A. Allow a deduction for legally obligated child support payments paid by a household member to or for a non-household member.

B. To be entitled to the deduction the household member must:
1. Have a legal obligation to pay; and

2. Make payments.

C. The child support deduction includes the following:

1. The anticipated payments that the household member will pay over the certification period.

2. Payments to a third party on behalf of the non-household member in accordance with a support order.

3. Payments to obtain health insurance, if legally obligated.

4. Arrearages if the payments are anticipated to continue during the certification period. Do not include arrearages during the certification period if there is no basis for expecting future payments.

D. Do not include the following in the child support deduction:

1. Alimony payments;

2. Amounts paid over the obligated amount, except for allowable arrearages.

F. Verification

1. Verification of child support payments must be requested from households that claim this deduction.

2. Acceptable forms of verification include the following:

   (a) Court Order

   (b) Separation Agreement

   (c) Divorce Decree

   (d) Information from Child Support Enforcement (IV-D)
212.12 Action While Awaiting Verification

A. Do not allow any questionable expense as a deduction until verification is provided.

B. Determine eligibility and SNAP benefit level without providing a deduction for the unverified expense if the expense cannot be verified within 30 days of the date of application. This includes medical expenses that may be covered by a reimbursement if the amount of the reimbursement cannot be verified.

C. When a household fails or refuses to provide verification of the legal obligation or of the actual child support payments, calculate eligibility and benefit level without the deduction.

D. Treat as a reported change any verification an eligible household provides after the 30th day.

E. Do not restore lost SNAP benefits to the household if verification is provided after the 30th day.
408.1 Purpose

This section provides the general policy on verification. It describes the kinds of information that must be verified at application, recertification, and interim change. It also provides a definition of documentary evidence and collateral contacts, and details the household’s and local department’s responsibility in the verification process. It does not provide details regarding the verification of specific eligibility factors. This information is in the section on each specific eligibility factor.

408.2 Definition

Verification is the use of documentation or third party information to establish the accuracy of statements on the application. The local department will provide the household with written notice of the required verifications. The household has the primary responsibility for providing written documentation to support statements on the application. The household is also responsible for resolving any questionable information. The local department is responsible for helping the household secure verification and for using online verification resources, such as SDX and SAVE.

408.3 Responsibility for Providing Verification

The household has the primary responsibility for giving the local department written proof to support statements on the application. The household is also responsible for resolving any questionable information.

**The case manager must assist the household in getting the verification as long as the household is cooperating with the local department.**

The household may supply documentary evidence:

- In person,
- Through the mail,
- By facsimile, email, or other electronic means, or
- Through an authorized representative.

The case manager **cannot** require the household to present verification in person at the local department.

The case manager must accept any reasonable documentary evidence provided by the household.
The case manager is responsible for ensuring that the provided verification proves the statements on the application.

**Reminder**: Do not close or deny a SNAP case because the household does not provide verification of expenses such as medical costs, shelter or utility. Certify the household without the deduction.

### 408.4 Verification at Application, Normal Processing

A. Verify the following information prior to certification for households initially applying. Do not verify the factors listed in section 408.12 for categorically eligible households.

1. Identity;

2. Gross, non-excludable income;

3. Social Security Number (verify once, SS card is not necessary);

4. Medical expenses, including reimbursed amounts, only if the household claims allowable medical expenses (e.g., prescriptions, medical equipment, service animals) over $35 per month for an elderly or disabled member. This is considered an optional verification because obtaining the information does not affect the eligibility decision. However, if the household claims medical expenses one must verify the expenses to allow the deduction;

5. Utility expenses, if:
   (a) Entitlement to a utility standard is 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: The agency must verify the actual utilities for an unoccupied home and cannot use the utility allowances.

6. Amount of non-excluded resources (do not request verification of resources for categorically eligible cases);

7. Dependent Care Costs;
8. Shelter Expenses;

9. Residency (except in the case of homelessness, households newly arrived in the project area and some migrant farm workers);

**Note:** It is not intended that the verification of residency and identity in the regular application process result in a change in procedure or need for additional verification. Documents used to verify other factors of eligibility normally suffice to confirm residency and identity. Please see 408.3 B and C below for more information on verification of residency.

10. Household composition, if questionable;

11. Immigration status for non-citizen applicants if questionable (for further clarification see SNAP Section 120.2: Immigrants);

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

13. Disability, if the determination of disability affects the household’s eligibility or benefit level (e.g. eligibility for uncapped shelter, medical expenses, student status, or exemption from work registration);

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

B. Verification of residency may be impossible to obtain in certain situations. Some households, such as migrant farm workers and the homeless, may find it impossible to provide documentary proof of residency.

C. If it proves impossible to verify residency, certify the household for Supplemental Nutrition Assistance Program (SNAP)

D. benefits if otherwise eligible. In addition, no specific document is required to verify residency.
408.5 Verification at Application, Expedited Processing

Identity is the only mandatory verification when processing an application for expedited service. In these instances, the local department must:

A. Verify the identity of the applicant in all cases through a collateral contact or other readily available documentary evidence.

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

C. Do not delay certification beyond the expedited processing timeframes if eligibility criteria other than identity cannot be verified.

408.6 Verification of Questionable Information

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

B. To be considered questionable, the information on the application must be:

1. Inconsistent with statements made by the applicant; or

2. Inconsistent with other information on the application or on previous applications; or

3. Inconsistent with information received by the local department.

C. Evaluate each household on the basis of its individual circumstances when determining if information is questionable.

Examples:

- A household’s report of expenses that exceed its income may be grounds for the local department’s request for further verification. This circumstance, in itself, is not grounds for a denial of benefits. In this instance, explore with the household how it meets its expenses. Request further verification based on the household’s response to these questions.

- A roomer or boarder has the same last name as someone in the household.
• Suddenly there is an absence of medical bills for a household member that has had continuous medical expenses for several years. This could apply to other bills.

• Contradictory statements appear on the application.

408.7 Verification of an Expense or a Questionable Expense

A. If obtaining required verification of an expense, including medical expenses, will delay the household’s certification, advise the household that its eligibility and SNAP benefit level may be determined without providing a deduction for the unverified expense.

B. Determine the household’s eligibility and SNAP benefit level without providing a deduction for an unverified expense if the expense cannot be verified.

C. If the household subsequently provides the missing verification, redetermine the household’s benefits in accordance with the timeliness standards in SNAP Section 420.

D. The household is entitled to the restoration of SNAP benefits (retroactive to the month of application) only if the expense could not be verified within the 30-day processing standard because the local department failed to allow the household sufficient time (see SNAP Section 406: Normal Processing) to verify the expense.

E. Process the household’s application as provided in Section 406 if the household is ineligible because the expense is disallowed.

408.8 Verification at Recertification

Re-verify the following information at recertification:

A. Gross non-exempt income if the source has changed or the amount has changed by more than $50;

B. Previously unreported and total recurring medical expenses which have changed by more than $50;

C. Actual utility expenses which have changed by more than $50;
D. Newly obtained Social Security Number (changes in Social Security Numbers previously verified must be re-verified);

E. Changes in legal obligation to pay child support, the obligated amount and the actual amount paid to a non-household member;

F. Changes in immigrant status;

G. Work hours for ABAWDS;

H. Changes in residency;

I. Changes in household composition, if questionable;

J. Changes in dependent care costs; and

K. Changes in shelter costs.

Note: Re-verify other information, including resources for non-categorically eligible households, if it is incomplete, inaccurate, inconsistent, or outdated.

408.9 Verification at Interim Change

The same verification requirements that apply at initial application apply to changes reported during the certification period with the following exceptions:

A. Do not verify changes in earned income if the source has not changed and the amount has changed by $50 or less, unless the information is incomplete, inaccurate, inconsistent, or outdated.

B. Do not verify changes in utility expenses (households with one utility) if the source has not changed or the amount has changed by $50 or less, unless the information is incomplete, inaccurate, inconsistent, or outdated.

C. Do not verify changes in medical expenses if the source has not changed or the amount has changed by $50 or less, unless the information is incomplete, inaccurate, inconsistent, or outdated.
Verification is not required until the next recertification if a change results in a decrease in SNAP benefits.

408.10 Types of Verifications

408.101 Documentary Evidence

A. Documentary evidence consists of a written confirmation of a household’s circumstances. Some examples of documentary evidence include the following:

1. Wage stubs
2. Copies of checks
3. Award letters
4. Utility bills
5. Bank statements
6. Letters from employers, landlords, etc.
7. Immigration and Naturalization documents and SAVE
8. Obituaries
9. Searches on Maryland Judiciary Case Search (http://casesearch.courts.state.md.us/casesearch/)
10. Searches on Maryland Inmate Locator (http://www.dpcs.state.md.us/inmate/)
11. Searches on The Work Number (www.theworknumber.com)
13. Searches on Maryland Tax and Assessment - verify local homeowners’ tax: https://sdat.dat.maryland.gov/RealProperty/Pages/default.aspx

B. Scan all documents into ECMS and return originals to the customer or destroy copies that the customer does not want.

C. The household is responsible for providing documentary evidence to support its statements. Households may supply documentary evidence in person, through the mail, by facsimile (fax), email, myDHR, or other electronic means or through an authorized representative. The local department cannot require the household to present the documentation in person.

D. The case manager must accept any reasonable documentary evidence as long as it provides adequate verification of the statements provided by the household. Local
departments must attempt to assist the household with obtaining documentary evidence if it is difficult or impossible for the household to obtain them on its own.

E. The case manager must be primarily concerned with whether the verification proves the statements on the application. Simply because a household is in an error-prone situation does not mean there is insufficient verification to prove household member statements.

Reminder: Do not close or deny a SNAP benefit case because the household does not provide required verification of expenses such as dependent care, medical or shelter costs. Certify the household without the deduction.

408.102 Collateral Contact

A. A collateral contact is a verbal confirmation of a household’s circumstances. The collateral contact may be made in person or by telephone. Some examples of acceptable collateral contacts include talking with the following:

1. Employers
2. Landlords
3. Social service agencies
4. Neighbors of the household

B. Substitute a collateral contact or home visit when unable to obtain documentary evidence of required verification.

1. Home visits must be scheduled in advance; and
2. May be used only when there is not enough documentary evidence to make a firm determination of eligibility or benefit level.

C. The household is responsible for providing the name of the collateral contact. It may request the local department’s assistance in designating the collateral contact.

D. The customer provides his/her consent to release information through multiple DHS documents: by signing the application, the Consent for Release of Information form (704 form), and the wage forms (247 and 007 forms).
E. The local department is not required to use the collateral contact named by the household if it cannot be expected to provide accurate third party verification. When this occurs, the local department must request the household to name another collateral contact. The local department is responsible for obtaining verification from acceptable collateral contacts.

- **Note:** Disclose only the information (regarding the customer) that is necessary to obtain the required verification.
  - Do not disclose information the household has supplied.
  - Do not disclose that the household has applied for SNAP benefits.
  - Do not suggest the household has done anything wrong.

### 408.11 Discrepancies

When information from another source contradicts statements made by the household, local departments must give households a reasonable opportunity to resolve discrepancies before determining eligibility.

### 408.12 Narration

Case records must be narrated to support eligibility, ineligibility, and SNAP benefit level determination. Narration must be in sufficient detail to allow a supervisor or reviewer to determine the reasonableness and accuracy of the determination. The narration must also include any additional information regarding the applicant/recipient that is pertinent to the eligibility process.

Some examples of narration include the following:

A. The reason for the withdrawal of an application, if any was stated by the household, and the withdrawal was confirmed;

B. Details regarding refusal to cooperate;

C. The reason information is considered questionable and the verification that was used to resolve the questionable situation;

D. The reason an alternative source of verification (a collateral contact or home visit) was necessary;
E. The reason a collateral contact was rejected and an alternate requested;

F. A statement that the decision to average fluctuating income was made by the household;

G. A statement that the decision to use a utility allowance or actual costs was made by the household;

H. A statement that income and/or resources were not verified because the household stated that it did not have any, and there was no reason to question its statement.

I. A statement that a prison or death match was received and that a Notice of Data Match was issued to the household.

408.13 Public Assistance (PA) and Supplemental Security Income (SSI) Households

A. Local departments will accept, without further verification, eligibility factors for the following when a household is categorically eligible as defined in Section 115, Categorical Eligibility, of this manual:

1. Resources;
2. Gross and net income limits;
3. Social security number information;
4. Sponsored alien information; and
5. Residency.

B. If any of the following factors are questionable, verify that the household:

1. Contains only members that are PA or SSI recipients;
2. Meets the household definition defined in Section 100 of this manual, household composition;
3. Includes all persons who purchase and prepare food together, regardless of whether they are separate units for PA or SSI purposes; and
4. Includes no persons who are disqualified as described in SNAP Section 115.

C. Verify factors of eligibility that are not verified for PA or SSI purposes if required in this section.

Note: Always check ECMS for documentation of factors of eligibility.
SNAP Verifications Reference Chart

I. The below items are mandatory verifications:

<table>
<thead>
<tr>
<th>Item</th>
<th>Examples of Acceptable Forms of Verification</th>
<th>Telephone contact as verification Case narration needs to include:</th>
<th>Action if verification is not returned</th>
<th>Exceptions</th>
</tr>
</thead>
</table>
| Identity          | • Driver’s license
                   • Picture ID
                   • Library card
                   • Collateral contact
                   • Any available documentation
                   • Employment Photo I.D.
                   • Pay stub
                   • Birth certificate
                   • Voter registration card
                   • Financial institution statement
                   • U.S. passport                                                                 | • Telephone number
                                                                               • Name of business, if applicable
                                                                               • Name of person with whom you spoke
                                                                               • 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
                          • SVES or MABS
                          • Letter from individual making contribution or payment
                          • Tax forms (schedule C) for self-employed individuals
                          • W-2
                          • Income producing contract
                          • Pay envelope
                          • Wage tax receipts                                                  | • Telephone number
                                                                               • Name of business/employer
                                                                               • Name of person with whom you spoke
                                                                               • 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. |

Reminder: Case managers should always help customers in obtaining verification.
| **Social Security Number**<br>Note: Verify once. | • Self-employment book keeping records  
• Leave and earnings statement | If customer refuses to provide a social security number, the individual is ineligible for SNAP.  
An individual can apply on behalf of eligible members, but choose to be a non-member and not reveal SSN. The non-member, who is a mandatory HH member, would still need to verify income, so it could be prorated toward eligible members. |
| --- | --- | --- |
| **Resources:**<br>Checking and Savings Accounts<br>Note: 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 with whom you spoke  
• 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 the household is categorically eligible. |
| **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  
• Voter Registration Card | • Telephone number  
• Name of landlord or employee of rental office with whom you spoke or name 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. |

Reminder: Case managers should always help customers in obtaining verification.
Reminder: Case managers should always help customers in obtaining verification.

| Disability (if needed for uncapped shelter, medical deductions or exemption from work registration or ABAWD status) | • FIA medical forms 500 series  
• Disability payment  
• Letter from medical professional 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. |
| --- | --- | --- | --- |
| Shelter Expenses | • Rent or mortgage receipt  
• Statement from an individual sharing shelter costs.  
• Statement from HUD  
• Lease agreement  
• Real estate tax receipt or statement. | • Telephone number and name of landlord or leasing employee with whom you spoke  
• Date of contact  
• Shelter cost amount and frequency paid or | If otherwise eligible, certify without the deduction. |
<table>
<thead>
<tr>
<th><strong>Homeless Shelter Costs if in excess of the Homeless Shelter Allowance</strong></th>
<th><strong>Medical Expenses</strong> For applicants or recipients who are age 60 or older or who meet the definition of disabled</th>
</tr>
</thead>
</table>
| • Rent form or lease  
• Letter from landlord  
• Canceled checks  
• Copy of bills  
• Collateral contact (verified by case manager) | • Doctor bills  
• Hospital bills  
• Pharmacy print outs  
• Medicare statements  
• SVES for Medicare  
• Receipts  
• Letter from doctor or licensed practitioner.  
• Medicine with costs on label  
• Repayment agreement with physician or hospital |
| • Telephone number and name of landlord, leasing office employee, or responsible HH member with whom you spoke  
• Date contact was made  
• Amount and frequency of rent paid by customer | • Telephone number and name of doctor, licensed practitioner or pharmacist with whom you spoke  
• Date contact was made  
• Name of hospital or pharmacy  
• Amount and frequency of payment |
| If otherwise eligible, certify without the deduction. | If otherwise eligible, certify without the deduction. |

Reminder: Case managers should always help customers in obtaining verification.
- Bill for visiting nurse, homemaker, home health aide
- Receipt for food or veterinarian services for a see-eye, hearing, or other service animal
- Itemized receipt
- Health Insurance Premium
- Pharmacy statement
- Doctor statement verifying over-the-counter drug prescribed.
- Lodging or transportation receipt related to obtaining medical treatment or services.
- Bill for medical equipment and supplies

### Utility Expenses

<table>
<thead>
<tr>
<th>Utility Expenses for an unoccupied home</th>
<th>Utility Expenses</th>
<th>If otherwise eligible, certify without the deduction.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Utility bills</td>
<td>- Telephone number and name and position of employee of utility company or landlord with whom you spoke</td>
<td></td>
</tr>
<tr>
<td>- Letter from landlord</td>
<td>- Name and telephone number of another responsible adult living in the home.</td>
<td></td>
</tr>
<tr>
<td>- Canceled checks</td>
<td>- Date contact was made</td>
<td></td>
</tr>
<tr>
<td>- Collateral contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(verified by case manager)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utility Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Utility bills</td>
<td>- Telephone number and name and position of employee of utility company or landlord with whom you spoke</td>
<td></td>
</tr>
<tr>
<td>- Letter or receipt from landlord or utility company</td>
<td>- Name and telephone number of another responsible adult living in the home.</td>
<td></td>
</tr>
<tr>
<td>- Canceled checks</td>
<td>- Date contact was made</td>
<td></td>
</tr>
<tr>
<td>- Letter from another responsible individual in the same residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Collateral contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(verified by case manager)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Telephone number and name and position of employee of utility company or landlord with whom you spoke</td>
<td>- Name and telephone number of another responsible adult living in the home.</td>
<td></td>
</tr>
<tr>
<td>- Date contact was made</td>
<td>- Date contact was made</td>
<td></td>
</tr>
</tbody>
</table>

Reminder: Case managers should always help customers in obtaining verification.
| Legal obligation and actual child support payments | • IV-D records  
• Divorce decree  
• Letter from judge  
• Canceled checks  
• MABS if receiving UIB | If otherwise eligible, certify without the deduction. |
| Dependent Care Costs | • Canceled checks  
• Statement or contract from dependent care provider  
• CCS voucher  
• Collateral contact (verified by case manager) | -Telephone number and name of person with whom you spoke with  
-Date of contact  
-Amount and frequency of dependent care payment  
-Name of children or disabled/elderly members  
-Name of HH member responsible for provider payment | If otherwise eligible, certify without the deduction. |

II. The below items are declaratory - Verify only if the information is questionable:

| Household Composition | • 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 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. |
| Immigration status, if not a citizen | • Resident Alien Card  
• I-94  
• Immigration documents  
• Letter from the Office of Refugee Resettlement  
• Any documentation that contains customer’s alien number | A household member whose citizenship is questionable is ineligible for program benefits until verification is obtained. | 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. |

Reminder: Case managers should always help customers in obtaining verification.
<table>
<thead>
<tr>
<th><strong>Reminder:</strong></th>
<th><strong>Case managers should always help customers in obtaining verification.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verify all other factors of eligibility if they are questionable and affect the household’s eligibility or benefit level</strong></td>
<td><strong>Any of the above verification</strong></td>
</tr>
</tbody>
</table>
| | **Telephone number and name and position of contact person.**  
| | **Date contact was made.**  
| | **Statements made by contact person to clarify questionable situation.**  
| | **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.** |
| | **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. |