

SNAP Verifications Reference Chart

I. The below items are mandatory verifications:

Item	Examples of Acceptable Forms of Verification	Telephone contact as verification Case narration needs to include:	Action if verification is not returned	Exceptions
<p>Identity</p> <p>Note: This is the only verification required to issue expedited SNAP.</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Telephone number • Name of business, if applicable • Name of person with whom you spoke • Date contact was made 	<p>The case is ineligible if the agency cannot verify.</p>	<p>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.</p>
<p>Gross non-exempt income</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<p>The case is ineligible if the agency cannot verify.</p>	<p>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.</p>

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

	<ul style="list-style-type: none"> • Self-employment book keeping records • Leave and earnings statement 			
Social Security Number Note: Verify once.	<ul style="list-style-type: none"> • 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. • Pay stub • Financial institution statement • Social Security card • Cash assistance record • Income tax return 		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: Checking and Savings Accounts Note: Categorically Eligible HHs do not have to verify resources.	<ul style="list-style-type: none"> • Bank statements • Computer printouts from bank. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Rent form • Lease • Mortgage paper or bill • Letter from landlord • Driver’s license • Bills or other mail • Letter from neighbor • Voter Registration Card 	<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> • 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.

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	<ul style="list-style-type: none"> • School registration • Employer’s statement • Telephone directory • Letter from HUD • Certificate for subsidized housing • Pension or VA award notice • Library card with address • Utility bill • Real estate tax receipt or assessment • Statement from non-relative landlord. • Financial institution statement • SSI, SSA, or UC award letter • Income tax return 	made.		
Disability (if needed for uncapped shelter, medical deductions or exemption from work registration or ABAWD status)	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Telephone number and name of doctor or name and position of medical employee. • Date contact was made • Statements made to verify disability 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Rent or mortgage receipt • Statement from an individual sharing shelter costs. • Statement from HUD • Lease agreement • Real estate tax receipt or statement. 	<ul style="list-style-type: none"> • 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.	

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	<ul style="list-style-type: none"> • Utility bills or receipt for firewood. • Correspondence with taxes and mortgage payment shown. • Canceled checks. • Homeowners or renters insurance policy or bill. • Proof of ground rent payment (Exclusive to Baltimore City) • Collateral contact (verified by case manager) 	<ul style="list-style-type: none"> • obligated to be paid by customer • In-kind agreement, if any 		
Homeless Shelter Costs if in excess of the Homeless Shelter Allowance	<ul style="list-style-type: none"> • Rent form or lease • Letter from landlord • Canceled checks • Copy of bills • Collateral contact (verified by case manager) 	<ul style="list-style-type: none"> • 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 	If otherwise eligible, certify without the deduction.	
Medical Expenses For applicants or recipients who are age 60 or older or who meet the definition of disabled	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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.	

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Utility bills • Letter or receipt from landlord or utility company • Canceled checks • Letter from another responsible individual in the same residence • Collateral contact (verified by case manager) 	<ul style="list-style-type: none"> • Telephone number and name and position of employee of utility company or landlord with whom you spoke • 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 an unoccupied home	<ul style="list-style-type: none"> • Utility bills • Letter from landlord • Canceled checks • Collateral contact (verified by case manager) 	<ul style="list-style-type: none"> • Telephone number and name and position of employee of utility company or landlord with whom you spoke • Date contact was made 	If otherwise eligible, certify without the deduction.	

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Legal obligation and actual child support payments	<ul style="list-style-type: none"> • IV-D records • Divorce decree • Letter from judge • Canceled checks • MABS if receiving UIB 		If otherwise eligible, certify without the deduction.	
Dependent Care Costs	<ul style="list-style-type: none"> • Canceled checks • Statement or contract from dependent care provider • CCS voucher • Collateral contact (verified by case manager) 	<ul style="list-style-type: none"> -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	<ul style="list-style-type: none"> • Lease • Rent form • Letter from landlord • Letters from adult HH members • Documentation from school 	<ul style="list-style-type: none"> • 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 	<p>The case is ineligible if verification is needed and the agency cannot verify.</p> <p><i>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.</i></p>	
Immigration status, if not a citizen	<ul style="list-style-type: none"> • 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.

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	<ul style="list-style-type: none"> See SNAP Manual Section 120 for more examples of acceptable verifications 			
<p>Verify all other factors of eligibility if they are questionable and affect the household's eligibility or benefit level</p>	Any of the above verification	<ul style="list-style-type: none"> Telephone number and name and position of contact person. Date contact was made. Statements made by contact person to clarify questionable situation. 	<p>If a customer fails to verify a questionable situation (other than a deduction), the case can be closed. <u>Be sure to narrate what information was requested and why the case closed.</u></p>	<p>Remember:</p> <ul style="list-style-type: none"> 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.

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