

**CHART 3
VERIFICATION REQUIREMENTS**

ITEM	APPLICATION		CHANGES				REAPPLICATION
	Expedited Processing	Normal Processing	New AG Member	Increased Benefits	Decreased Benefits		Yes/No
					SAR AGs	Non-SAR AGs	
Earned Income	Postpone*	Yes	Yes	Yes	Change in <u>total gross monthly income</u> (including unearned income) that exceeds 130% standard for the AG size = Yes (1)(5)	Change in wage rate or salary, change in full/part time employment status; change in source of income (starting, stopping or changing jobs if change in income occurs) = YES (1)(5)	Yes
Unearned Income	Postpone*	Yes	Yes	Yes	See SAR AGs earned income	Change in source or change of more than \$50 = YES (1)(5)	Yes
Excluded Income	Postpone*	Q	Q	Q	Q	Q	Q
Deemed income to sponsored alien (age 18 years or older)	Postpone*	Yes	Yes	Yes	See SAR AGs earned income	See Non-SAR AGs earned income; See Non-SAR AGs unearned income	Yes

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					SAR AGs	Non-SAR AGs	
Dependent care cost (1)	Postpone*	Yes	Yes	Yes	Yes	Yes	Yes
Legally obligated child support payments (1)	Postpone*	Yes	Yes	Yes	Yes	Yes	Yes
Medical costs (1)(2)	Postpone*	Yes	Yes	Yes	Change in source or change of more than \$25 = YES (1)(5) Source unchanged & change of \$25 or less = NO(1)(5)	Change in source or change of more than \$25 = YES (1)(5) Source unchanged & change of \$25 or less = NO (1)(5)	Yes
Actual utilities (1)	Postpone*	Yes	N/A	Yes	Yes	Yes	Yes
Incurs heating or cooling costs to use SUA (1)	Postpone*	Yes	N/A	Yes	Yes	Yes	Yes
Other shelter costs (1)	Postpone*	Yes	N/A	Yes	Yes	Yes	Yes

See page 5 for explanation of abbreviations and foot notes.

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					SAR AGs	Non-SAR AGs	
Shelter costs for homeless shelter deduction (1)	Postpone*	Yes	N/A	Yes	Yes	Yes	Yes
Resources	Postpone*	Q	Q	N/A	Q	Q	Q
Residency	Postpone*	Yes	Q	N/A	N/A	N/A	Q
Identity (3)	Yes	Yes	Q	N/A	N/A	N/A	Q
AG/household composition	Postpone*	Q	Q	Q	Q	Q	Q
Citizenship	Postpone*	Q	Q	N/A	N/A	N/A	Q
Alien Status	Postpone*	Yes	Yes	N/A	N/A	N/A	Q
Social Security # or proof of application for #	Postpone*	Yes	Yes	N/A	N/A	N/A	Q
Exemption from work registration	Postpone*	Q	Q	N/A	N/A	N/A	Q
Disability for: (a) Separate AG status (4) (b) Medical costs (2) (4)	Postpone*	Q	Q	Q	Q	Q	Q
	Postpone*	Yes	Yes	Yes	Q	Q	Q

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Students:	Postpone*	Q	Q	N/A	N/A	N/A	Q
(a) Physically or mentally unfit to work							
(b) Full-time part-time status	Postpone*	Yes	Yes	Yes	N/A	N/A	Yes
ABAWDS	Postpone*	Yes	Yes	N/A	N/A	N/A	No
(a) # of countable months received in another state							
(b) # of hours worked	Postpone*	Yes	Yes	Yes	Reduction in work hours to below 20 hours per week	Reduction in work hours to below 20 hours per week	Yes

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KEY TO ABBREVIATIONS, FOOT NOTES, AND OTHER TERMINOLOGY

Q	Verify if questionable
Yes	Verify
N/A	Not applicable
*	Verification need not be postponed if the AG indicates required verification can be provided quickly enough that the expedited processing time frame can be met.
(1)	A reported change which is determined (based on information provided) to result in a decrease shall be acted on immediately, but no later than 10 days from the date the change is reported. If the AG cannot provide the required verification at the time of the reported change, verification shall be requested. If the AG does not provide the required verification within 10 days of the request, action shall be taken to decrease or terminate. If the AG reported a change, but did not provide enough information to determine the amount of the decrease, verification shall be requested at the time of the reported change, allowing 10 days to provide the required verification. If the verification provided is not appropriate, adverse action shall be taken. If the AG refuses to provide the required verification during the certification period the county agency shall propose termination. The required verification must be provided prior to reapplication/recertification. If the AG fails to report or verify deductible expenses (shelter costs, utility costs, dependent care expenses, medical expenses, and/or legally-obligated child support paid to a non-household member), the AG's eligibility and benefit level shall be determined without providing a deduction for the claimed but unverified expense. These verification requirements apply to reported changes, application, and reapplication.
(2)	Medical costs for qualified AG members only
(3)	The identity of the applicant, authorized representative, and PIP, and work registration of the applicant, if necessary, are the only items of verification required prior to providing expedited service.
(4)	Disability for separate AG status and for using medical expenses means meeting the definition of disabled as found in the Glossary of the FSCH under the heading "Elderly or Disabled Member".
(5)	All changes that the county agency becomes aware of (except medical expenses) must be acted upon.