

**Food and Nutrition Services
ePASS Application Verification Document**

Name: _____

FSIS# _____

Application date: _____

County Case# _____

Identity

Verification Source: _____

Residence

Verification Source: _____

Enumeration

Enumerated at Birth, DSS-8174 Date completed: _____

Refused to apply for or provide SSN? Who? _____

Citizenship/Immigration Status

Web-based SAVE verification completed Copies of USCIS documents attached

Alien Workbook Supplement completed for all non-citizens G-845 to USCIS (Copy attached)

Household Composition

If questionable, verified by _____

Reason questionable: _____

Authorized Representative

DSS-1688, Designation of Authorized Representative Completed/Attached/Verified

Date keyed in SLAR: _____

Identity verification source: _____

Disqualified Due to an Intentional Program Violation (IPV)/EPICS date checked _____

Disqualified Person(s) Name(s): _____

Disqualification Period/Number of Disqualifications: _____

Verification Source: _____ Date: _____

Disqualified Due to Fleeing Felon Status

Disqualified Person(s) Name(s): _____

Disqualification Period/Number of Disqualifications: _____

Verification Source: _____ Date _____

Disqualified Due to a Felony Drug Conviction

State felony committed in _____ Class of felony? _____

If Class H or I committed in NC: Date of release from jail. _____; or

If never committed, date of conviction. _____

Has the individual complied with substance abuse treatment program requirements? Yes No

Six-month disqualification period? Yes No If yes, from _____ to _____

Verification Source: _____ Date: _____

Students who are enrolled at least halftime in an institution of higher education:

Eligible Student Name _____ Eligible Student Name _____

EXEMPTIONS: A student who must meet one of the exemptions below to be included.

- Age 17 or younger or age 50 or older;
- Physically or mentally disabled;
- Receives Work First Family Assistance;
- Working at least 20 hours weekly;
- Participates in federal or state work study program;
- Participating in an on-the-job training program;
- Responsible for care of a dependent child under age 6;
- Responsible for care of a dependent child over 5 and under 12 when adequate child care is unavailable;
- Assigned through WIA, a state or local Employment and Training Program, a program under Section 236 of the Trade Act of 1974 or a training program under the North American Free Trade Agreement Act (NAFTA);
- Full time student who is an only parent of a dependent under age 12

Ineligible Student Name _____ Ineligible Student Name _____

Verification Source: _____

ABAWDS – Complete the ABAWD tracking form.

Ineligible ABAWD name _____

Resources

Type of Asset	Value or Worth	Who Does This Belong To?	Business Name and Account Number
1			
2			
3			
4			

Total Countable resources of Non-Categorically Eligible FNS unit members: _____

Earned Income:

Name	Verified Gross Income	How Often Paid?	Payday	Verified by	Income and Code
1		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadic <input type="checkbox"/> Other _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Other _____	<input type="checkbox"/> DSS-8113 <input type="checkbox"/> Wage Stubs <input type="checkbox"/> T/C to Employer <input type="checkbox"/> Other _____	
2		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadic <input type="checkbox"/> Other _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Other _____	<input type="checkbox"/> DSS-8113 <input type="checkbox"/> Wage Stubs <input type="checkbox"/> T/C to Employer <input type="checkbox"/> Other _____	
3		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadic <input type="checkbox"/> Other _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Other _____	<input type="checkbox"/> DSS-8113 <input type="checkbox"/> Wage Stubs <input type="checkbox"/> T/C to Employer <input type="checkbox"/> Other _____	
4		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadic <input type="checkbox"/> Other _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Other _____	<input type="checkbox"/> DSS-8113 <input type="checkbox"/> Wage Stubs <input type="checkbox"/> T/C to Employer <input type="checkbox"/> Other _____	

Is anyone Self-employed? Yes No If yes, who? _____

Gross Monthly Income \$ _____ Monthly Expenses \$ _____

Is anyone starting a new job? Yes No If yes, who? _____

Date started _____ Date of first pay _____

Has anyone stopped working in the past 60 days? Yes No If yes, who? _____

Final pay date _____

Has anyone reduced their hours to less than 30 per week? Yes No

Is the person who quit or had hours/wages reduced exempt from VQ provisions? Yes No

Can good cause be established? Yes No Is anyone currently disqualified for VQ? Yes No

Is anyone a migrant or seasonal farm worker? Yes No If yes, who? _____

Date started working? _____ Place working & phone number? _____

Is anyone on strike? Yes No If yes, who? _____

Last date worked? _____ Place worked & phone number? _____

Benefits/Unearned Income

- | | |
|--|---|
| <input type="checkbox"/> Adoption, Foster Care, or Guardianship Payments | <input type="checkbox"/> Private Disability |
| <input type="checkbox"/> Annuities, Pensions, or Retirement | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Special Assistance (SA) |
| <input type="checkbox"/> Child Support from parent. How Many? _____ | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Child Support from the Court | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Educational Scholarships | <input type="checkbox"/> Veterans Benefits |
| <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Work First/TANF |
| <input type="checkbox"/> Money from friends or relatives that is not a loan and you don't have to pay back | <input type="checkbox"/> Interest and Dividends |
| <input type="checkbox"/> Payments for the sale of an asset (such as a car, boat, mobile home or house) | <input type="checkbox"/> Workers Compensation |
| | <input type="checkbox"/> Rental Income |
| | <input type="checkbox"/> Other _____ |

Type of money	Amount/Frequency	Verification Source
1		
2		
3		
4		
5		

Shelter Expenses:

- | | | |
|---|--------------------|-------------------------|
| <input type="checkbox"/> Rent: | \$ _____ per month | Verification/Date _____ |
| <input type="checkbox"/> Lot Rent: | \$ _____ per month | Verification/Date _____ |
| <input type="checkbox"/> Mortgage: | \$ _____ per month | Verification/Date _____ |
| <input type="checkbox"/> Property Taxes: | \$ _____ per month | Verification/Date _____ |
| <input type="checkbox"/> Homeowner's Insurance: | \$ _____ per month | Verification/Date _____ |
| <input type="checkbox"/> Homeowner's Dues | \$ _____ per month | Verification/Date _____ |

Utility Expenses:

Was DSS-8168I, Lifeline/Link-up, form completed? Yes No

Which applies to this household?

- SUA: Household has a heating or cooling expense or received LIEAP check at current residence within the past 12 months
- BUA: Household has at least two non-heating/non-cooling expenses
- TUA: Household has a telephone/cell phone expense
- None: Household has no utility expenses

Heating Source for LIEAP Vulnerability

Is the FNS unit subject to the rising cost of heat and has a heat source? Yes No

Is the residence a Private Living Arrangement with a heat source (even if utilities are included in rent)? Yes No

Is the residence Public Housing, but the household has paid an excess for heat in the past 12 months at the current address? Yes No

If the answer to one of the three questions above is 'yes', the household is vulnerable.

Heating Source:

- | | | | |
|--------------------------------------|-------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Coal | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Fuel Oil | <input type="checkbox"/> Wood | <input type="checkbox"/> LP Gas | |

Does the FNS unit receive help to pay shelter/utility expenses? Yes No

If yes, source/date/amount: _____

Does the FNS unit pay for childcare or disabled adult care? Yes No

Does the FNS unit have Child/disabled adult care transportation expenses? Yes No

Does the FNS unit receive child care assistance/subsidy? Yes No

Amount paid monthly: _____ Verification source: Receipt Telephone Call

Does the FNS unit pay court-ordered child support to a non-household member? Yes No

Amount paid monthly: _____ Verification source: ACTS Receipt Other

Medical Deductions are allowed for Specified Persons only.

Name of Specified Person eligible for a medical expense deduction _____

****Attach a completed DSS-8208, FNS Medical Expense Worksheet, with the allowable medical deduction. ****

Allowable Medical Deduction: \$ _____

CASE INFORMATION

Did you remember to give and explain the following information to the applicant/recipient?

- Food and Nutrition Services Rights and Responsibilities
- Change Report Form DSS-8550
- Immigrant Access Notice Form DSS-**8227**
- Notice of Information Needed to Complete Your FNS Application (DSS-8650)
- Life Line/Link Up Forms **Accept** **Decline/Ineligible**
Phone Company Name _____
- DSS-1688, Designation of Authorized Representative
- Remove the Authorized Representative that is no longer valid and cancel the EBT card
- Complete a **Food and Nutrition Services Referral Form DSS-2624** on appropriate household members?
- Complete a Work **Requirement** Responsibilities DSS-8640?
- Does the applicant have an EBT card? Yes No

DISPOSITION

- Approved on** _____
FNS Certification Period _____
- Denied on** _____
Reason: _____

Case Manager Signature