

RECERTIFICATION VERIFICATION REQUIREMENTS

ELIGIBILITY REQUIREMENT	SIMPLIFIED REPORTING REQUIREMENT	REMARKS
Identity	New applicant only	
Household Composition	Verify if questionable	
Residency	Verify if changed	
Authorized Representative	Verify	
Citizenship and Alien Status	Verify new HH members and review ineligible HH members.	Use Alien Workbook Supplement
Student Status	Verify if changed	
Enumeration	Verify new SSN'S and SSN'S not validated.	
Work Registration Requirements	Verify	
ABAWD Status	Verify	Document ABAWD Tracking Form
Resources	Verify <u>only for non</u> categorically eligible HH's when questionable	
Earned Income	Verify	
Unearned Income	Verify	
IEVS Matches	Verify	
Child Care Expenses	Verify if changed	
Medical Expenses	Verify if the source has changed, the amount has changed by more than \$25.00, or if information is incomplete, inaccurate, inconsistent, or outdated.	Review the medical expenses (DSS-8208) currently allowed and ask specifically if any have changed from the amounts previously given.
Shelter Expenses	Verify if changed	
Utility Expenses	Verify if <u>questionable</u>	
Legally-Obligated Child Support payments made by FNS unit member	Verify if changed	
Operational Expense for Self-Employment	Verify	
Reported or Discovered Change	Verify	
Questionable Information	Verify	

Figure 450-1