

VERIFICATION

The following must be verified and documented:

- Identify
- Residence
- Household composition, if questionable. (Include documentation of why the applicant's statement is questionable)
- Enumeration
- Citizenship (Attach completed Alien Workbook Supplement for all noncitizens)
- Disqualifications for IPV, Fleeing Felons, Felony Drug Conviction
- Authorized Representative (Attach completed DSS-1688)
- Students
- ABAWDS
- Categorical Eligibility Status
- Countable resources
 - Transfer of resources
 - Bankruptcy
- Earned Income
- Self-employment
- Voluntary quit/reduction of hours
- Migrant or seasonal farm workers
- Strikers
- Unearned Income
- Shelter Expenses
- Utility Expenses
- Dependent care/transportation expenses
- Child Support
- Medical expenses of specified persons

Food and Nutrition Services Right and Responsibilities explained to applicant.

Information explained and provided to applicant

- 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 - Phone company _____
- Work Requirement Responsibilities, DSS-8640

Remove Authorized Representatives that are no longer valid.

Complete a Food and Nutrition Services Referral, DSS-2624 on appropriate household members

Do Not Write in the Gray Shaded Area – Agency Use Only

Applicants meeting Expedited Service standards are eligible to receive Food and Nutrition Services within 7 days. Households must complete and sign the DSS-8207, complete an interview, present themselves as eligible, and provide proof of identity before you approve benefits. Complete screening for all applications, reapplications and late recertifications. **If ineligible for FNS the first month, screen for the second month.**

Household's monthly countable gross income \$ _____
Subtract legally obligated child support -\$ _____
(paid by a household member to a non-household member) = \$ _____ Total Countable Income
Household cash/savings for all members: \$ _____ Total Liquid Resources

Is total countable income less than \$150, and liquid resources less than or equal to \$100? Yes No
If Yes, the household appears eligible, and identity is verified. Issue benefits immediately. If No, continue.

Household's monthly rent or mortgage amount: \$ _____
Appropriate utility Standard(SUA/BUA/TUA): + \$ _____
Total Monthly Shelter Expenses: = \$ _____ Total Shelter Expenses
Total of Countable Income and Liquid Resources: \$ _____

Is anyone in the household a migrant or seasonal farm worker? Yes No

If Yes, answer A. If No, do not continue.

A. Does the household have liquid resources less than or equal to \$100? Yes No

If Yes, answer B and C. If No, household is ineligible for expedited benefits.

B. Did the household's income stop prior to application? Yes No

C. Will anyone in the household receive \$25 or less in income from a new source within the next ten days? Yes No

If the answer to question A is Yes and B or C is YES, **the household appears eligible, and identity is verified. Issue benefits immediately. If NO, the household is not eligible for expedited benefits.**

7th Day: _____

I certify that I screened this applicant for Expedited Service and determined that the household is is not eligible for expedited benefits at this time. **Provide explanation if ineligible:** _____

Signature of Screener: _____ Date: _____

Approved on _____ **FNS Certification Period:** _____

Denied
Reason: _____

Pending
Reason: _____

Did you screen for expedited services and explain the screening process? Yes No

Is the FNS Unit eligible for expedited services in the first month? Yes No

Is the FNS Unit eligible for expedited services in the second month? Yes No

Approved for Expedited Services Yes No **Date benefits issued** _____

Caseworker's Signature: _____ **Date:** _____