

See [0010.18 \(Mandatory Verifications\)](#) for mandatory verifications that apply to all programs.

See [0010.18.02 \(Mandatory Verifications - SNAP\)](#) for additional mandatory verification provisions that apply to SNAP.

See provisions below for ADDITIONAL mandatory verification provisions that apply to each specific cash program.

MFIP:

See [0010.03 \(Verification – Cooperation and Consent\)](#) for circumstances when a signed personal statement from the client is acceptable verification.

Applications completed by phone or internet telepresence require that the last signature page of the CAF is returned within 30 days. Pend the application awaiting the signature(s). See [0005.12 \(Accepting and Processing Applications\)](#).

VERIFY THE FOLLOWING AT INITIAL APPLICATION:

- Costs of child care when applying the initial eligibility test. See [0018.09 \(Dependent Care Deduction\)](#).
- Stop work, if necessary to verify income in the month of application.
- The number of hours worked each month.
- Counted assets. See [0010 \(Verification\)](#), [0015.01 \(Counted Assets\)](#).
- Presence of a minor child in the home, if questionable.
- Marriage date, if needed to determine eligibility for New Spouse Income policy. See [0022.11 \(New Spouse Income\)](#).
- Identity of adults.
- Age, if related to eligibility or benefit level.
- Social Security number, unless the unit member qualifies as a non-citizen who is a victim of battery and/or cruelty. See [0011.03.21 \(Non-Citizens - Victims of Battery/Cruelty\)](#). Do not require a Social Security card to verify the social security number (SSN) a client provides. Only keep copies of social security cards in a case file if they are used to resolve an IEVS discrepancy or an SSN DAIL message. See [0010.18.03 \(Verifying Social Security Numbers\)](#). Do not require undocumented persons to provide a Social Security number.
- Child and spousal support payments to people outside the household, to be allowed as a deduction.
- School attendance, if related to eligibility.
 - Full-time school attendance and anticipated graduation date of any 18 year old minor children in the assistance unit.
 - Full-time school enrollment of an employed minor child in the assistance unit to determine exclusion of earnings.
 - Half-time school enrollment of caregivers under age 20 to determine exclusion of earnings.

See [0017.15.15 \(Income of Minor Child/Caregiver Under 20\)](#) for when to count income

- Relationship of caregivers to the child. See [0005.12.12 \(Application Interviews\)](#), [0010.03 \(Verification Cooperation and Consent\)](#), [0010.06 \(Sources of Verification - Documents\)](#), [0014.03.03 \(Determining the Cash Assistance Unit\)](#).
- Pregnancy, if related to eligibility. See [0013.03.03 \(Pregnant Woman Basis – MFIP/DWP\)](#).
- State residence. See [0011.06 \(State Residence\)](#), [0011.06.09 \(State Residence – 30-Day Requirement\)](#).

- The number of months the unit received TANF funds in another state only if the applicant checks "yes" on the application to receipt of assistance in another state. See [0011.30 \(60-Month Lifetime Limit\)](#), [0013.05 \(DWP Bases of Eligibility\)](#).
- Application for other maintenance benefits. See [0012.12 \(Applying for Other Benefits\)](#).
- Disability or illness, if needed to determine eligibility for Family Stabilization Services (FSS) or 60-month extension. See [0011.33 \(MFIP Hardship Extensions\)](#), [0011.34 \(Family Stabilization Services\)](#).
- Family violence if used as a basis to qualify for a family violence waiver. See [0005.12.12.09 \(Family Violence Provisions/Referrals\)](#), [0011.30 \(60-Month Lifetime Limit\)](#), [0010.18.33 \(Verifying Family Violence\)](#), [0029.29 \(Safe At Home Program\)](#).
- Shelter costs, as required for vendor payments. See SHELTER COSTS in [0002.61 \(Glossary: SELF...\)](#), [0024.09 \(Protective and Vendor Payments\)](#).
- The amount of a housing subsidy and exemptions to counting the subsidy. See [0017.15.99 \(Housing Subsidy\)](#).
- Approved living arrangement of a minor caregiver. See [0012.06 \(Requirements for Caregivers Under 20\)](#).
- Sponsor income and assets. See [0015.48 \(Whose Assets to Consider\)](#), [0016 \(Income From People Not in the Unit\)](#).
- Emergency situation, if related to good cause reason for failure to comply with financial orientation or reemployment services. Verify when there's a pending eviction or utility shut-off. For all other circumstances, accept the participant's verbal statement. See EMERGENCY SITUATION in [0002.19 \(Glossary: Early...\)](#) and [0028.18 \(Good Cause for Non-Compliance – MFIP/DWP\)](#).

Counties and tribes must verify immigration status for any person reported on the Combined Application Form (CAF) who is a non-citizen, naturalized citizen, or derived citizen and for whom the applicant is requesting benefits. Do not request verification of immigration status for people listed on the application who are not applying for assistance.

See [0010.18.11.03 \(Systematic Alien Verification \(SAVE\)\)](#), [0011.03 \(Citizenship and Immigration Status\)](#) when a document presented to verify immigration status has expired.

If the applicant cannot provide proof of immigration status for a MANDATORY unit member, you must:

- Offer to help obtain the verification.
- Obtain a signed release of information from the client.
- Continue the application process excluding the mandatory unit member. See [0011.03.27.03 \(Protocols for Reporting Undocumented People\)](#), [0014.03.03 \(Determining the Cash Assistance Unit\)](#).

VERIFY THE FOLLOWING AT RECERTIFICATION:

- Counted income. See [0010.18 \(Mandatory Verifications\)](#)
- Presence of a minor child in the home, if questionable.
- Inconsistent information. See [0010.15 \(Verification - Inconsistent Information\)](#).
- Counted assets when the client reports that their total combined counted asset value is within \$200 of the asset limit. See [0010 \(Verification\)](#), [0015.01 \(Counted Assets\)](#).
- Whether a caregiver is eligible for Family Stabilization Services (FSS). See [0011.34 \(Family Stabilization Services\)](#).
- The amount of a housing subsidy and exemptions to counting the subsidy. See [0017.15.99 \(Housing Subsidy\)](#).

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- Child and spousal support payments to people outside the household. See [0018.33 \(Child and Spousal Support Deductions\)](#).
 - Marriage date, if needed to determine eligibility for New Spouse Income policy. See [0022.11 \(New Spouse Income\)](#).
 - Emergency situation, if related to good cause reason for failure to comply with financial orientation or employment services. Verify when there's pending eviction or utility shut-off. For all other circumstances, accept the participant's verbal statement. See EMERGENCY SITUATION in [0002.19 \(Glossary: Early...\)](#) and [0028.18 \(Good Cause for Non-Compliance – MFIP/DWP\)](#).

VERIFY THE FOLLOWING CHANGES WHEN REPORTED:

See [0007.15 \(Unscheduled Reporting of Changes – Cash\)](#) for changes participants are required to report within 10 days.

- Counted assets when the client reports that their total combined counted asset value is within \$200 of the asset limit. See [0010 \(Verification\)](#), [0015.01 \(Counted Assets\)](#).
- Unit member whose earnings or hours are counted starts a job. See [0007.12 \(Agency Responsibilities for Client Reporting\)](#).
- Unit member whose earnings or hours are counted terminates a job. See [0008.06.15 \(Removing or Recalculating Income\)](#).
- Unit member whose earnings or hours are counted starts or stops a business, or the business undergoes a major change. See [0017.15.33.03 \(Self-Employment, Convert Inc. to Monthly Amt - Cash\)](#).
- Unit member whose income is counted reports initial receipt of unearned income or a lump sum. See [0022 \(Budgeting and Benefit Determination\)](#).
- Birth and relationship of newborn to father when he is in the home. See [0008.06.12.09 \(Converting a Pregnant Woman Case\)](#), [0010.03 \(Verification Cooperation and Consent\)](#), [0010.06 \(Sources of Verification - Documents\)](#).
- Returns to the home of unit members and financially responsible people. See [0008.06.06 \(Adding a Person to the Unit – Cash\)](#); [0008.06.12 \(Adding a Person's Income\)](#).
- Temporary absences of unit members from the home. See [0014.09 \(Assistance Units – Temporary Absence\)](#).
- A change in the custody of a minor child or a change in visitation schedule. See [0014.12 \(Units for People With Multiple Residences\)](#).
- Child and spousal support payments to people outside the household. See [0018.33 \(Child and Spousal Support Deductions\)](#).
- Full-time school attendance and anticipated graduation date of any 18 year old minor children in the assistance unit.
- Full-time school enrollment of an employed minor child in the assistance unit to determine exclusion of earnings.
- Half-time school enrollment of caregivers under age 20 to determine exclusion of earnings.
- School attendance for parents under age 20 who are required to attend school as part of an Employment Services Plan. See [0028.12 \(Education Requirements\)](#).
- Illness or disability if needed to determine eligibility for a hardship extension or to change to FSS. See [0011.33 \(MFIP Hardship Extensions\)](#), [0011.34 \(Family Stabilization Services\)](#).
- Family violence at the time it is claimed. See [0010.18.33 \(Verifying Family Violence\)](#).
- A change in immigration status. See [0010.18.11.03 \(Systematic Alien Verification \(SAVE\)\)](#).
- Application for a benefit a participant may be eligible for. Counties and tribes can use [Notice to Apply for Other Maintenance Benefits \(DHS-2116\) \(PDF\)](#) to notify participant of this requirement. See [0012.12 \(Applying for Other Benefits\)](#).

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- Any new rent subsidy or any change in rent subsidy.
 - Marriage date, if needed to determine eligibility for New Spouse Income policy. See [0022.11 \(New Spouse Income\)](#).
 - Emergency situation, if related to good cause reason for failure to comply with financial orientation or employment services. Verify when there's a pending eviction or utility shut-off. For all other circumstances, accept the participant's verbal statement. See EMERGENCY SITUATION in [0002.19 \(Glossary: Early...\)](#) and [0028.18 \(Good Cause for Non-Compliance – MFIP/DWP\)](#).

DWP:

See [0010 \(Verification\)](#) and [0010.03 \(Verification – Cooperation and Consent\)](#) for circumstances when a signed personal statement from the client is acceptable verification.

For verification requirements for unlikely to benefit categories, see [0008.06.24 \(DWP Conversion or Referral to MFIP\)](#).

Follow MFIP. In addition, verify:

- Family maintenance needs before the expense can be allowed in the DWP grant calculation, see [0022.12 \(How to Calc. Benefit Level - MFIP/DWP/GA\)](#), FAMILY MAINTENANCE NEEDS in [0002.23 \(Glossary: Fair Hearing...\)](#).
AND
- Receipt of DWP or MFIP within the last 12 months. See [0013.05 \(DWP Bases of Eligibility\)](#).
AND
- Receipt of TANF-funded assistance months, used to determine DWP eligibility. See [0013.05 \(DWP Bases of Eligibility\)](#).

SNAP:

See [0010.18.02 \(Mandatory Verifications - SNAP\)](#).

MSA:

For all applicants and recipients, verify eligibility for special needs payments, if the client appears to be eligible. See [0023 \(Special Needs Payments\)](#).

FOR SSI RECIPIENTS, VERIFY THE FOLLOWING AT INITIAL APPLICATION:

- Identity of each person applying for assistance.
- Social Security number of all people applying for assistance. See [0010.18.03 \(Verifying Social Security Numbers\)](#).
- Client's receipt of SSI. See [0010.18.05 \(Verifying Disability/Incapacity – Cash\)](#).
- The Federal Benefit Rate used to determine the client's SSI benefits.

FOR NON-SSI RECIPIENTS, VERIFY THE FOLLOWING AT INITIAL APPLICATION:

- Identity of each person applying for assistance.
- Counted income. See [0017.15.45.03 \(How to Determine Gross RSDI\)](#).
- Counted assets. See [0010 \(Verification\)](#), [0015.01 \(Counted Assets\)](#).
- Social Security number of all people applying for assistance. See [0010.18.03 \(Verifying Social Security Numbers\)](#).
- Basis of eligibility (age, blindness, or disability). See [0010.18.05 \(Verifying Disability/Incapacity - Cash\)](#), [0013.09 \(MSA Bases of Eligibility\)](#).

FOR NON-SSI RECIPIENTS, VERIFY THE FOLLOWING AT RECERTIFICATION:

- Counted income. See [0017.15.45.03 \(How to Determine Gross RSDI\)](#).
- Counted assets when the client reports that their total combined counted asset value is within \$200 of the asset limit. See [0010 \(Verification\)](#), [0015.01 \(Counted Assets\)](#).

GA:**VERIFY THE FOLLOWING AT INITIAL APPLICATION:**

- Counted income.
- Counted assets. See [0010 \(Verification\)](#), [0015.01 \(Counted Assets\)](#).
- Identity of each person applying for assistance.
- Age, if required to determine eligibility.
- State residence. See [0011.06 \(State Residence\)](#).
- GA eligibility basis. See [0013.15 \(GA Bases of Eligibility\)](#).
- Date and reason of employment termination, and date last paid. Verify at the point of employment termination for participants, and for any employment terminated within 90 days of application for applicants.
- Social Security number. See [0010.18.03 \(Verifying Social Security Numbers\)](#).

VERIFY THE FOLLOWING AT RECERTIFICATION:

- GA eligibility basis. See [0013.15 \(GA Bases of Eligibility\)](#).
- Counted income.
- Counted assets when the client reports that their total combined counted asset value is within \$200 of the asset limit. See [0010 \(Verification\)](#), [0015.01 \(Counted Assets\)](#).

GRH:**VERIFY THE FOLLOWING AT INITIAL APPLICATION:**

- Counted income.
- Counted assets. See [0010 \(Verification\)](#), [0015.01 \(Counted Assets\)](#).
- Identity of the applicant applying for assistance.
- Age, if required to determine eligibility.
- State residence. See [0011.06 \(State Residence\)](#).
- GRH eligibility basis. See [0013.18 \(GRH Bases of Eligibility\)](#).
- Date and reason of employment termination, and date last paid. Verify at the point of employment termination for participants,

and for any employment terminated within 90 days of application for applicants.

- Social Security number. See [0010.18.03 \(Verifying Social Security Numbers\)](#).

VERIFY THE FOLLOWING AT RECERTIFICATION:

- GRH eligibility basis. See [0013.18 \(GRH Bases of Eligibility\)](#).
- Counted income.
- Counted assets when the client reports that their total combined counted asset value is within \$200 of the asset limit. See [0010 \(Verification\)](#), [0015.01 \(Counted Assets\)](#).

ADDITIONAL VERIFICATION REQUIREMENTS:

For all recipients of the GRH Supplemental Service rate, verify the following information on the [Professional Statement of Need \(DHS-7122\) \(PDF\)](#) at application and recertification:

- Has an illness or disabling condition which limits their ability to work and provide self-support.
- Needs assistance to access or maintain housing.

The Professional Statement of Need is a time-limited form, which must be updated annually, or more frequently if the person's condition changes. A Qualified Professional (list found on page 2 of the Professional Statement of Need), or, in some cases, a County or Tribal Designee is responsible for signing the Professional Statement of Need.

For all Supportive Housing recipients, verify at application:

Completed [Habitability Inspection Form \(DHS-7123\) \(PDF\)](#) at initial move-in or upon individual moving to a different unit.

For residents of Supportive Housing settings for people who have experienced long-term homelessness, verify all of the following at application:

- Completed [Habitability Inspection Form \(DHS-7123\) \(PDF\)](#) at initial move-in or upon individual moving to a different unit.
- A completed Minnesota Housing Long-Term Homeless Eligibility Form (found at <https://www.mnhousing.gov/rental-housing/supportive-housing.html>).

The person must meet the DHS criteria for having experienced long-term homelessness:

- Lacking a permanent place to live continuously for 1 year or more, or at least 4 times in the past 3 years.
- Exclude any period of institutionalization or incarceration when determining the length of homelessness.

For Transition from Residential Treatment, verify at application:

Section 5 of the [Professional Statement of Need \(DHS-7122\) \(PDF\)](#) signed by a staff member of a Residential Behavioral Health Treatment facility.