

Department of Human Services
Case Records Management Unit
P.O. Box 91560
Washington, DC 20090

Tanesha Green
1452 Savannah Street SE 101
Washington, DC 20032

If you need help understanding this notice, please call (202) 727-5355. We will explain it to you in your preferred language. You can also Fax us at (202) 671-4400.

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Si necesita ayuda para entender este aviso, por favor llamar al (202) 727-5355. Le explicaremos en el idioma de su preferencia. También puede enviar un fax al (202) 671-4400.

Si vous avez des difficultés à comprendre cet avis, n'hésitez pas à appeler le (202) 727-5355. Nous vous donnerons des explications dans votre langue préférée. Vous pouvez également nous atteindre par fax au (202) 671-4400.

본 내용을 이해하는 데 도움이 필요하신 경우, (202) 727-5355 번으로 연락해 주십시오. 담당 직원이 원하시는 언어로 해당 내용을 설명해드릴 것입니다. (202) 671-4400 번으로 팩스를 보내실 수도 있습니다.

如果您需要帮助以理解本通知，请致电 (202) 727-5355。我们将采用您的首选语言向您解释本通知。您还可向我们发送传真：(202) 671-4400

如果您需要幫助以理解本通知，請致電 (202) 727-5355。我們將採用您的首選語言 向您解釋本通知。您還可向我們發送傳真：(202) 671-4400。

Nếu cần được giúp đỡ để hiểu rõ thông báo này, xin gọi số (202) 727-5355. Chúng tôi sẽ giải thích thông báo này cho quý vị bằng ngôn ngữ quý vị chọn. Quý vị cũng có thể gửi điện sao (fax) đến chúng tôi theo số (202) 671-4400.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES



Notice Date: 01/04/2024

Account ID: 20023890
Person ID: 40209037
Tanesha Green
1452 Savannah Street SE 101
Washington, DC 20032

Taylor Street Service Center
1207 Taylor Street, NW
Washington, DC 20011
Phone number: (202) 727-5355
Fax Number: (202) 671-4400

Subject: **Request for Verification**

Dear Tanesha Green,

Why are you receiving this letter?

We have received information from you or your authorized representative that may impact your eligibility for Cash Assistance and Supplemental Nutrition Assistance Program (SNAP) or the amount of benefits you receive.

What do you need to do?

You must submit the information needed to DHS on or before 01/14/2024.

Type of Information Needed

- Please provide proof of the following so we may determine if you continue to be eligible for benefits and whether your benefit amount is correct:

Benefit

- The attached Verification Checklist lists examples of documents that can be submitted for each of these verifications and explains how to send the requested documents.

What else do you need to know?

- If you do not think you will be able to send us your document(s) by 01/14/2024 because of circumstances outside of your control or if you are having trouble getting the required information, it is

our responsibility to help you, as long as you are working with us. Contact the ESA Public Benefits Call Center at (202) 727-5355 and we will work with you to get the documents you need.

- If we do not receive documentation to prove the items listed in this notice on time, your Cash Assistance and Supplemental Nutrition Assistance Program (SNAP) benefits may be terminated or reduced.

Where can you get more information?

If you have questions or need language assistance, please call (202) 727-5355. If you are Hearing Impaired, you may call TTY/TDD 711.

If You Think We Made a Mistake

If you do not agree with the decision we made, the household may request a Fair Hearing within 90 days of the date of this notice. Read the attached Hearing Rights to learn how to request a Fair Hearing and for a list of organizations that may provide free legal representation. You may request a Fair Hearing orally or in writing.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES**



VERIFICATIONS CHECKLIST

TYPES OF DOCUMENTS

Listed below are examples of types of documents that you could provide for each of the verification items mentioned above. You do not need to provide every document listed. One from each group may be enough.

If the type of verification listed above is not mentioned in this checklist, please call the ESA's Public Benefit Call Center at (202) 727-5355 for information about what documents you can show us.

Item Title

Types of Documents you could provide

40 Quarters Consent

- A copy of the Social Security Administration Form, SSA-3288, Consent for Release of Information for each individual whose work history will be used to establish the 40 quarters of coverage information

Age/Citizen Status/Person Identity

- Birth certificates listing parents' name (enter name of program (s))
- U.S. Passport or US citizenship card or ID
- Certificate of naturalization
- Baptismal certificate (with date and place of birth)
- Consular or US Military report of birth abroad of US citizen
- Tribal document issued by Federally recognized tribe or Homeland Security
- Proof of US National (Puerto Rico, Marianas, Guam. etc)
- Final adoption decree

Allowable Expenses

- **Child Support Expense**
 - Court order
 - Wage withholding statements
 - Statement from custodial parent
- **Dependent care Expenses**
 - Child care statements/receipts from provider

- Elder care receipt statements

Anticipated Income

- Employer Statement
- Medical Return to Work Statement
- Other Anticipated Income Documents

Applied for SSN/ Verify SSN/ (SSN Not Applied Reason/Good Cause)

- SSN card
- Receipt from SSA of application for SSN
- Enumeration at Birth
- Good cause: Documentary or collateral evidence that the household member has applied for an SSN or made every effort to supply SSA with the necessary information to complete an application for an SSN

Attendant Meal

- Statements from the provider

Authorized Representative

- A signed copy of the Authorized Representative Authorization Form (Attached)
- A written request to appoint an Authorized Representative
- Power of Attorney

Boarder/Living Arrangement/ Residency Status/ Property

- Current lease agreement or rent receipt
- Proof of mortgage, property taxes and insurance
- Current rent receipt showing landlord's name and number
- A written statement from landlord or parent
- Current utility bill (including cell or land line phone)
- Property tax statement
- Home or renter's insurance bills
- Hotel/motel receipt
- Canceled checks or copies

Date of Death

- A certified copy of the death certificate
- A signed statement of death by a funeral director
- A copy of the coroner's report of death

Domestic Violence

- Police reports
- Court documents

- Admission to shelter for battered persons

Earned Income

- All pay stub(s) received in the last 30 days
- Written statement from Employer
- Verbal Statement from Employer
- Other Earned Income Documents

Employment Offer/ Benefit/ Boarder/Earned Income/ Annuity/ Annuity Income/ Absent Parent Child Support/ Trust/ Trust Income/ Business Asset/ Employment Expense/Disability

- All pay stub(s) received in the last 30 days
- Letter from employer with gross pay, hours worked, contact number, etc.
- Copy of child support check, current court agreement, or written statement from payee
- Benefits award letter (Social Security/Veterans/Disability, etc.)
- Proof any pension and or benefits (Civil Service, etc.)
- Proof of Unemployment Benefits
- Last year tax forms
- Records of Income and Expenses (Self employment)
- Proof of Gross education income and expenses school grants/loans/financial aid statements etc.)
- Sponsor statement form
- Records of all monies received
- Documentation of Termination from Employer
- Documentation of Termination from out- of- state (For TANF)
- Statement from tenant, roomer/boarder
- Absent parent child support statement or court documents
- Annuity, inheritance, insurance, trust, lottery statements
- Telephone Verification
- Summary of Benefit Document

Expense

- **Child Support Expense**
 - Court order
 - Wage withholding statements court order
 - Statements from the custodial parent on received child support payments
 - Other Child Support Expense Documents
- **Contributor**
 - Written statement from person who is paying
 - Other Contributor Documents
- **Dependent Care Expense**

- Statement from child care provider
- Statement from relative or non-relative providing the care
- Verbal verification from provider
- Receipts from provider
- Other Dependent Care Expense Documents
- **Employment Expense**
 - Business Records
 - Tax Records
 - Bills or receipts
 - Other Employment Expense Documents
- **Guardianship/Conservator expense**
 - Legal agreement /Court order
 - Itemized bill for allowable expenses
 - Other Guardianship/Conservator expense documents
- **Medical Expense Payment**
 - Bills or receipts
 - Statements from provider
 - Other Medical Expense Payment Documents
- **Spousal Support Expense**
 - Court order
 - Statement from person paying the alimony expense.
 - Bank statement
 - Canceled checks made out to EX-spouse
 - Wage withholding statements
 - Statements from alimony recipient
 - Other Spousal Support Expense Documents
- **Student Expense**
 - Bills or receipts
 - Financial Statement from Institution
 - Bills with canceled check
 - Other Student Expense Documents
- **Unearned Rental Income Expenses**
 - Bills or receipts
 - Mortgage statement
 - Property Tax records
 - Other Unearned Rental Income Expenses Documents

Foster Care Payment/Foster Care

- Foster Care Documents
- Telephone Call with CFSA

Gross Receipt

- Income source statement
- Rental Income Receipt
- Tax Records
- Business records including ledgers and bookkeeping records
- Bills or Receipts
- Records from banks, suppliers, or other knowledgeable sources
- Other Gross Receipt Documents

Household Relationship/ Guardianship/Absenteeism

- Marriage certificate/license
- Domestic partner certificate
- Birth certificate
- Court papers (divorce, guardianship, separation etc.)
- Adoption records
- Court records of paternity
- Juvenile court records
- Child support records
- Family bible statements
- Statement from any recognized religious leader
- Child care records
- Insurance records
- School records
- Census records
- Self-attestation

Incarceration End Date

- Official statement from DC Dept. of Corrections
- Official statement of release from Federal Bureau of Prisons
- Official statement from CSOSA (probation)

Medical Expenses

- Proof of out-of-pocket medical expenses (bills or receipts)
- Medical transportation bills or receipts
- Health or dental insurance policies or premiums
- Medicare card

Medical Verification-

- Proof of pregnancy from doctor or clinic, with expected due date
- Doctor Statement or disability finding by an agency (SSA/SDI/VA, etc.)
- Medical verification form

- Health Insurance ID card
- Medicare identification card
- Medical information

Minor Parent School Attendance and Student for SNAP

- Most recent school report card or transcript
- Correspondence from school authorities, scholarship boards, etc.
- Copy of online records

Non-Citizen/ Non-Citizen Sponsor/ Non-Citizen Sponsorship

- Alien registration documents; green card; I-94s
- Citizenship/Alienage declaration form completed
- Immigration papers/forms/cards (copy of both sides)
- INS or ICE I-864 if you have a sponsor

Non-DC Benefit Months

- Termination letter or noticed of termination from other State
- Statement of total countable months on TANF from any other state.

Person Identity

- Driver's license
- State ID card
- Birth certificate
- Passport
- School records or ID
- Current Alien Registration Card
- Employee identification card
- Voter registration card
- Library card
- Public housing issued photo ID
- Collateral Contact outside the client's household
- Wage stubs

Pregnancy

- Verification of EDC (Expected Date of Confinement) (pregnancy due date) from a physician

Property/Resource Income/Ownership/ Burial Plot/ Life Insurance

- Vehicle registration or Titles
- Proof of the amount owed on vehicles(s)
- Proof of loans or debts/liens on property
- Statement of joint ownership

- Mortgage bill(s)
- Property deed
- Current Bank Statements (savings, checking, etc.)
- Proof of Credit account balance
- Statement of Balance of Nursing Home Account
- Life insurance policy, stocks, bonds, IRAs
- Most recent retirement account statement(s)
- Sponsor statement form
- Settlements such as lawsuits and insurance claims
- Burial plots/crypts
- Tax Assessment

Reason for Voluntary Quit

- Documentation from a physician
- Documentation of Termination from Employer
- Documentation of Termination from out- of- state (For TANF)

Resource

- **Burial Plan**
 - Written Statement
 - Insurance statement
 - Other Burial Plan Documents
- **Liquid Resource**
 - Client Statement
 - Bank Statement
 - Copy of financial Instrument
 - Financial statement
 - Other Liquid Resource Documents
- **Loan**
 - Loan Statement
 - Written statement
 - Other Loan Documents
- **Ownership**
 - Annuity statement
 - Financial Statement
 - Written Statement
 - Trust document
 - Insurance statement
 - Tax Record
 - Business records
 - Policy document from the insurance company
 - Client Statement

- Bank Statement
- Copy of financial Instrument
- Loan Statement
- Medical Insurance documents
- Tax Assessments
- Deeds
- Mortgage Statement
- Copy of transfer of resource for last five years
- Written statement from Bank or Financial institution
- Title
- Registration
- Proof of Insurance
- Auto/Junk Dealer Statement
- Other Ownership Documents
- **Trust/Resource Transfer/Trust Income**
 - Bank statement
 - Written Documentation
 - Other Transfer to Individual, Trust, or Reversal Documents
 - Written statement from Bank or Financial institution
- **Vehicle –**
 - Interface - DMV
 - Title
 - Registration
 - Proof of Insurance
 - Loan Statement
 - Auto/Junk Dealer Statement
 - Written Documentation
 - Other Vehicle Documents

Resource Income

- Bank statement
- Interest Statement
- Dividend Statement
- Other Resource Income Documents

Shelter Expense/ Residency Status/ Unearned Rental Income Expenses/

- Two statements from unrelated persons
- Utility bill
- Rental agreement and/or receipts
- Bill or other document(s) with your name and address
- Driver's license or Identification card
- Eviction notice/notice to pay rent or quit

- A completed proof of DC residency statement
- Vehicle registration from DC
- Mortgage statement or certified deed
- Voter registration
- Statement from facility or treatment center
- Statement from shelter or community organization
- Automobile insurance statement showing DC residency
- Verbal statement from landlord
- Verbal statement from Lease holder
- Other Shelter Expense Documents

Social Security Income (SSI) Application Status

- Receipt from SSA of application for SSI
- Documentary or collateral evidence of the status

Strike

- A signed statement or letter confirming inability to work due to a trade dispute
- A verbal attestation

Student Exemption

- Letter from institution of higher education confirming work study, or
- Letter from organization confirming assignment and participation in a Job Opportunities and Basic Skills Program, On The Job Training Program, Workforce Innovation and Opportunity Act program, Employment and Training program, or program under section 236 of the Trade Act of 1974

Unearned Income

- Letter from a family member or friend providing money directly to recipient to help pay expenses
- Tax deductions documentations
- Civil service retirement statement
- Railroad retirement statement
- Annuity statement
- Social security statement
- Bank statement
- On-line verification
- Unemployment compensation statement
- Workman's compensation statement
- Other Government records
- Court documents

- Canceled Check
- Pension Statement
- Employer Statement
- Rental Agreement
- Other Unearned Income Documents

Veteran Military Service

- VA statement
- Military Records

Work Registration

- TANF Assessment and Acknowledgment Form

How to Send the Documents Requested?

- **Online:** Visit District Direct at <https://districtdirect.dc.gov/> and upload a copy of your statement electronically
- **Mobile:** Download the **District Direct Mobile App** to your phone from the Apple or Google Play store and upload a copy of your statement electronically
- **In person:** At one of the DHS/ESA Service Centers
- **Fax** to ESA at (202) 671-4400
- **Mail** to ESA at: DC Department of Human Services
Case Record Management Unit
P.O. Box 91560
Washington, DC 20090

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HUMAN SERVICES



**District of Columbia (DC) Department of Human Services (DHS)
Economic Security Administration (ESA) Service Center List**

In Person: You can visit any of the DHS ESA Service Centers for assistance between the hours of 7:30 AM and 4:45 PM, Monday through Friday:

Fort Davis Service Center
3851 Alabama Avenue, SE
Washington, DC 20020
Fax :(202) 645-6205

Anacostia Service Center
2100 Martin Luther King Avenue, SE
Washington, DC 20020
Fax: (202)727-3527

Congress Heights Service Center
4049 South Capitol Street, SW
Washington, DC 20032
Fax: (202) 645-4524

Taylor Street Service Center
1207 Taylor Street, NW
Washington, DC 20011
Fax: (202) 576-8740

H Street Service Center
645 H Street, NE
Washington, DC 20002
Fax: (202) 724-8964

OR

Phone: You can call the DHS ESA Public Benefits Call Center for assistance, general questions about DHS benefits, or a notice or form you received at (202) 727-5355, Monday-Friday, 7:30am – 4:45pm, TTY/TDD: 711.

If there is a long wait,, you will have the option to request an automated callback.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES



District of Columbia Department of Human Services
Appeal Rights

If you do not agree with our decision about your benefits, you have the right to ask for a fair hearing.

In general, you can appeal any action taken by the agency on your public benefits case that you disagree with or any inaction that affects your receipt, amount, conditions, termination, or kind of public benefits. But, you are not necessarily entitled to appeal that your public benefits changed as a result of a change in the law.

Once you appeal, you can go before an Administrative Law Judge and explain why you do not agree with our decision.

You have **90 days** following the postmark of the notice informing you of the eligibility decision, denial, termination or change to appeal the decision stated in the notice you received. If you do not appeal within **90 days, you may lose your right to appeal.**

How to Request an Appeal

You may appeal through any of the following methods:

- Calling the ESA Call Center (202) 727-5355
- Completing a Request for Hearing form and fax it to (202) 724-2041, or e-mail to DC.OARA@DC.GOV
- Go to any Department of Human Services Service Center to fill out a Request for Hearing.
 - The Service Center Locations are found on the Service Center Address sheet attached.
- Go to the Office of Administrative Hearings Resource Center, located at 441 4th Street NW, Suite 450-North, Washington, DC 20001 and fill out a Request for Hearing form.
- By having a representative request a hearing on your behalf so long as you submit a written authorization, designating that person as your representative within 10 days of the hearing request.

Your Eligibility during Your Appeal

If you ask for a hearing before an action on your benefits takes place, your benefits will continue until:

- you withdraw your request for the hearing,
- a change affecting your public benefits occurs while the hearing is pending and you fail to request a hearing after notice of the change,
- a determination is made at the hearing that the sole issue is one of law and not of incorrect grant computation, or

- a hearing decision upholds the agency action to alter the amount or conditions of the public benefit.
- If you have requested a continuation of IDA benefits while a hearing is pending, IDA benefits may not be continued after a final federal Supplemental Security Income (SSI) eligibility determination has been made.
- SNAP benefits may not be continued after the certification period expires unless you apply for and receive benefits for a new certification period.

You may request your TANF, POWER, or GC benefits to remain at the level received prior to receiving this notice. For SNAP, benefits will be continued automatically until the end of your certification period unless you specifically waive continuation of SNAP benefits on your hearing request form. If the hearing decision says the agency's proposed action to change or terminate your benefits was correct, you will have to repay up to the difference in the funds received.

If you are requesting an appeal of a denial of a domestic violence waiver in the TANF program, if you appeal the decision within 15 days, the waiver request shall be considered pending for the duration of the appeal.

If the agency took action without giving you timely notice when timely notice is required by law, your public benefits will be reinstated if you request a hearing within 10 days of the postmark of the written notice of the action.

What Happens When You Appeal

Administrative Review - Once your appeal is received, you will be scheduled for an Administrative Review Conference at the Office of Administrative Review and Appeals (OARA). This is a voluntary meeting with a Hearing Examiner from the District of Columbia Department of Human Services (DHS) to identify and discuss your concerns. This meeting will not delay or replace the Fair Hearing process. You can bring your own representative if you choose to have one. Your representative may, but does not have to be, an attorney. Your representative may not be an employee of the District. At the meeting, your representative shall serve only in an advisory capacity.

Please bring documents related to your case to the conference. This will help the DHS Hearing Examiner identify and understand your concerns. After the conference, the DHS Hearing Examiner will review your case and try to resolve your issues. You will receive a written decision from the DHS Hearing Examiner regarding the issues of your case, including a summary of facts. If you agree with the written decision and write a statement that you wish to withdraw your hearing request, your request for a Fair Hearing will be considered formally withdrawn. If you do not agree with the DHS Hearing Examiner's written decision, your appeal still continues to a Fair Hearing.

If you decide not to attend the DHS Administrative Review, the conference will not occur and your case will continue on to a Fair Hearing before an Administrative Law Judge who is not an employee of DHS. The Fair Hearing will take place at the DC Office of Administrative Hearings (OAH) at 441 4th Street NW, Suite 450-North, Washington, DC 20001.

OAH will contact you and tell you when and where your Fair Hearing will take place. OAH will send you a scheduling notice. That notice will tell you when your Fair Hearing will take place.

At the Fair Hearing, you can testify, have others testify for you, and submit documents. At the hearing, DC agency representatives will also be able to ask questions of you or other people who testify. The DC agency representatives will be permitted to present testimony and documents. You will be able to

ask questions of the DC agency representative if you want. Finally, the Administrative Law Judge will make a decision in writing, a final order, after the completion of the Fair Hearing, and will send it to you. That decision will also tell you what you can do if you do not agree with the final order.

Any decisions by OARA or OAH about your eligibility for benefits might also change the eligibility of other people in your household.

Reasonable expenses related to the hearing, such as transportation costs for the claimant and his or her witnesses, may be paid by DHS.

Getting Representation

You have the right to represent yourself or have a lawyer, family member, or friend represent you at the Administrative Review and at the Fair Hearing. Your representative may not be an employee of the District.

If you would like to talk to a lawyer who will represent you for free, you can call any of the following places to see if they can help you. There is no guarantee that you will be able to get legal help. Even if you do not get legal help, there will still be a Fair Hearing held and a decision made.

Bread for the City Legal Clinic
1525 Seventh Street, NW
(202) 265-2400

Bread for the City Legal Clinic
1640 Good Hope Road, SE
(202) 561-8587

Neighborhood Legal Services
1213 Good Hope Road
(202) 678-2000

Legal Aid Society of the District of Columbia
1331 H St. NW Suite 350
(202) 628-1161

Legal Aid Society of the District of Columbia
2041 Martin Luther King Jr. Ave. SE, Suite LL-1
(202) 628-1161

Legal Aid Society of the District of Columbia
Friendship Baptist Church,
900 Delaware Ave., SW
(202) 628-1161

Legal Counsel for the Elderly
(for people age 60 and older)
Building A, 4th Floor
601 E St. NW
(202) 434-2120

Washington Legal Clinic for the Homeless
1200 U Street, NW
(202) 328-5500

Ending Your Appeal Early

You may withdraw your request for a Fair Hearing at any time before the Administrative Law Judge makes a final written decision. You may withdraw through any of the methods available for requesting an appeal (described above). If you withdraw your request for a Fair Hearing because of the meeting with the Office of Administrative Review and Appeals, or because the agency has promised to change its decision, we will make a new decision and it will be based on the changes agreed to by the agency.

If you stop your appeal before the agency has changed its decision, the denial, termination, or change will be implemented as it is written in the notice you first received before you filed your appeal.