Operations Memo 18-22 Attachment 2. (Note: This new W-2 policy is effective October 27, 2018.)

W-2 Manual Chapter 4: Case Processing Requirements

4.1.2 Information Requiring Eligibility Verification

| Eligibility Criteria | Suggested Sources of Verification | ECF Code |
|--|---|----------------|
| Birth Date (verify birth date only once) | Certified copy of Birth Certificate (must be marked "For Administrative Use") Hospital Birth Record | ID |
| | Driver's License | |
| | US Passport | |
| | State Issued ID Card | |
| | Certificate of Naturalization (must be marked "For Administrative Use") | |
| | Certificate of Citizenship (must be marked "For Administrative Use") | |
| | Native American ID Card or other tribal membership documentation issued by a Federally recognized tribe | |
| | CARES birth query (Wisconsin Births only) | |
| | Any unexpired immigration document | |
| | Any other reliable document that verifies birth date | |
| | **State Online Query Internet (SOLQ-I) data exchange (SSA Verification field is V – VERIFIED) | Not applicable |
| | NB (Continuously Eligible Newborn) code when entered by an IM Worker | |
| | MB (Medicaid Birth Claim) code when entered by an IM Worker | |

| Wisconsin Residency (verify residency at application and thereafter only if questionable) | Landlord inquiry or current lease Utility bill for water, gas, electricity, or telephone that includes name and address Mortgage receipt | SUE |
|--|---|------------------------------------|
| Reminder: Do not require residency verification for homeless or migrant assistance groups newly arrived to the area. For all other W-2 Groups, verify residency only for the primary person. | Subsidized housing program approval Weatherization program approval Signed statement from a shelter or individual providing temporary residence | |
| | Pay check stub including name, address, employer's name, address and phone number | EI |
| | Wisconsin Driver's License Wisconsin ID card | ID |
| | Wisconsin Motor Vehicle registration | VI |
| | School registration record | WLCM or SCHL, as appropriate |
| | Any other reliable document that verifies Wisconsin residency | WMSC, or as appropriate |

| Identity (verify identity only for all adults in the W-2 Group and only once) | Driver's License | ID |
|---|--|----------------|
| | State Issued ID Card | |
| | Student ID Card | |
| | US Government ID Card | |
| | Military ID Card | |
| | Native American ID Card or other tribal membership documentation issued by a Federally recognized tribe | |
| | Any photo ID document issued by USCIS | |
| | US Passport | |
| | Any unexpired immigration document | |
| | Any other reliable document that verifies identity | |
| | | |
| | | |
| | Data exchange from the Social Security Administration for certain applicants as described in Operations Memo 10-75 | Not applicable |
| | SC (SSI-MA or Medicare Recipient) or MB (Medicaid Birth Claim) when entered by the IM Worker | |

^{**} Do not scan these items. Verification for these items is available via CARES queries and data exchanges.