**CAPITAL CONSORTIUM HOUSEHOLD COMPOSITION VERIFICATION FORM**

**INSTRUCTIONS FOR WORKER**

**Be sure to complete the necessary fields before turning the form over to the client for completion. Do not hand this form out blank.**

**Be sure to complete a BRITS referral (Fraud Investigation) upon mailing/handing out this form to the client.**

This form is to be used as a last resort to verify questionable household composition. The following two criteria must be met before you may offer this form:

1. Client has declared they have no way to verify questionable household composition
2. Client has made it clear they will need the aid of the agency to verify

While you have the client on the phone (or at the front desk)…

* Type the case number and case name into the fields on the form.
* In the table, list the names of the questionable household members (i.e. AP in Home)
* Instruct the client to answer all three fields on the form to the right of the questionable household member’s name. All three fields must be completed by the client. If the answer to a question is “unknown” the client must write “unknown.” If fields are left blank or go unanswered, we will not accept the form as verification.
* Remind client that they must sign the form. Remind the client of appropriate due dates in order to avoid benefit delay/closure.
* Print and mail to the client (or hand out if at front desk).
* Enter case comments. Be sure you are clear that the client states they have no other way to verify this questionable / contradictory living arrangement / household composition and that the agency is offering the form to aid in verification.
* **Be sure to complete a BRITS referral (Fraud Investigation) upon sending this form out.**

When this form is returned,

* check form for completeness. If date of signature is missing, but all other fields are complete, accept form as complete.
* update case as needed
* double check BRITS to make sure a referral was created. If it has not, create one.

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**CAPITAL CONSORTIUM HOUSEHOLD COMPOSITION VERIFICATION FORM**

|  |  |
| --- | --- |
| **To avoid delay in your benefits, complete, sign, and return this form to:**  **CDPU**  **PO Box 5234**  **Janesville, WI 53547-5234**  **Fax: 1-855-293-1822** | **Case Number:**  **Case Name:**  **For questions, call the Capital Consortium Call Center at 1-888-794-5556.** |

**\*\*\*COMPLETE THIS FORM USING BLUE OR BLACK INK. PLEASE PRINT.\*\*\***

You have requested that the agency provide you with this form so that you can verify household composition (who is living with you). By completing this form, you are attesting to the fact that you have no other ways to verify household composition other than by providing this completed form. Use of this form will result in an automatic referral for fraud investigation.

Understand that State and Federal laws allow this agency to conduct further investigation into your requests for assistance through program integrity processes. It is a violation of public assistance program rules to provide false information in order to obtain benefits that you are not entitled to.

**ANSWER ALL QUESTIONS BELOW. YOU MUST PROVIDE COMPLETE ANSWERS IN ORDER FOR THIS FORM TO BE ACCEPTED AS VERIFICATION. YOU WILL NEED TO ANSWER THREE QUESTIONS FOR EACH PERSON LISTED BELOW. IF YOU NEED MORE SPACE, USE THE BACK SIDE OF THIS FORM. PLEASE CALL THE CAPITAL CONSORTIUM CALL CENTER IF YOU NEED HELP.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Member** | **Does this person live with you?**  **(Circle Yes or No)** | **If this person no longer lives with you, when did they move out? (Month, Day, Year)** | **If this person moved, provide this person’s new address and phone.** |
|  | Yes No | Move out date: | New Address and Phone: |
|  | Yes No | Move out date: | New Address and Phone: |
|  | Yes No | Move out date: | New Address and Phone: |
|  | Yes No | Move out date: | New Address and Phone: |

|  |  |
| --- | --- |
| **SIGNATURE** | **Date Signed (mm/dd/yyyy)** |

**I certify that my answers on this form are correct and complete to the best of my knowledge. I understand that the information I provide on this form may result in a change or termination of my benefits. I also understand that if I intentionally give incorrect information, it may result in a fine and/or imprisonment.**