# Office of Enrollment and Residency (OER) LEA Guide:

## *Accepting DC Financial Assistance and other DC Benefit Documentation*
## *Revised February 2025*

It is the responsibility of each school and local education agency (LEA) to collect valid documentation to verify DC residency of students at the time of enrollment. There are several document types and methods enrolling persons can use to complete residency verification. For more information on the residency verification process, methods and documents, please review the OER Handbook on the OSSE website.

The purpose of this document is to provide LEAs and schools with additional guidance on reviewing DC financial assistance and other DC benefit documents[1]. Valid DC financial assistance documents can come from several different DC Government agencies making it uniquely difficult for review and acceptance by enrolling school officials. Current guidance, as outlined in the OER Handbook (February 2025 version), is as follows:

**Regulatory Requirement:** Current official documentation of financial assistance received by the person seeking to enroll the student from the DC Government includes, but is not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Security Income (SSI), housing assistance, or other governmental programs.

**Additional Interpretative Guidance:** The document must be issued to the enrolling person within the past 12 months and be current (not expired) at the time of the school official's review of residency documentation and date of school official signature on the DC Residency Verification (DCRV) form. The document must have the same name and address of the enrolling person as identified on the DCRV. Documentation can also include a snapshot received from the enrolling person or the payment of benefits. While some documents may not include a signature of the official, the agency's title or letterhead should be present on the document. Some documents are considered recertification letters, and these should not be considered if the period for recertification has passed. For example, if the family is enrolling for the 2025-26 school year, a letter recertifying for 2023 would not be valid.

Federal financial assistance programs, except SSI, do not qualify as valid supporting documentation unless facilitated by a DC Government agency such as the Department of Human Services (DHS) or DC Housing Authority (DCHA).

The following are examples, not a definitive list, of DC financial assistance and other DC benefit documents and factors considered in determining validity. For the purposes of this guide, all documents are assumed to apply to the correct school year at the time of enrollment.

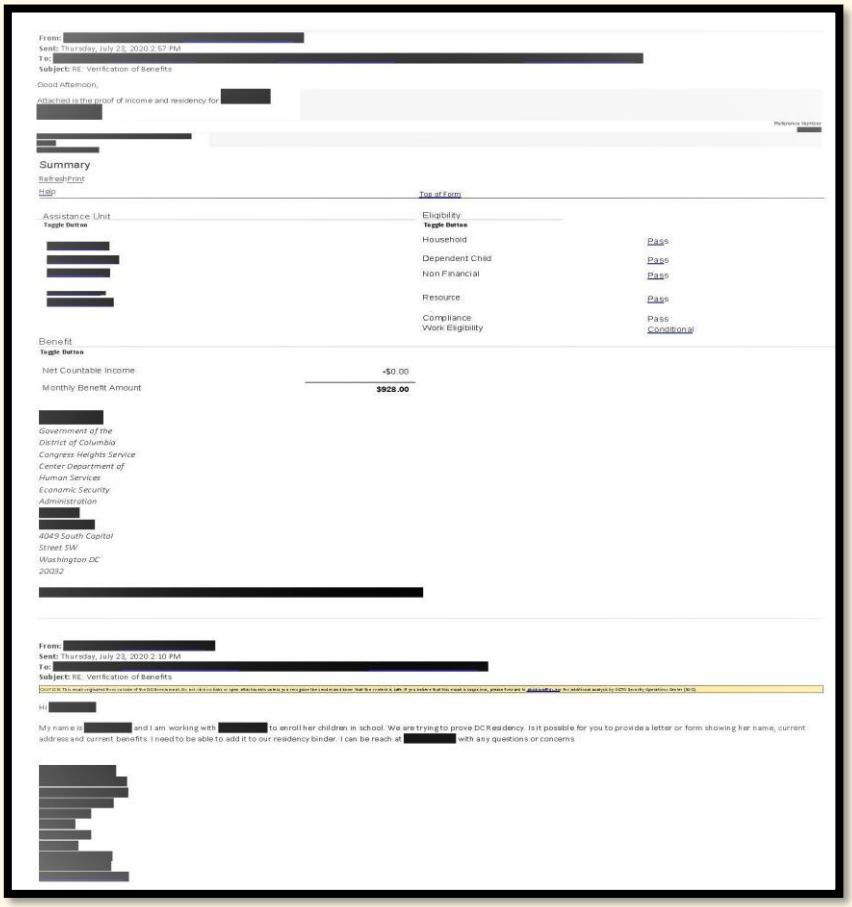
[1] Pursuant to 5A DCMR § 5002.5, even if documentation is completed using the following guidance below, if a school/LEA reasonably concludes that additional information is needed to verify the student's residency, further documentation can be requested from the enrolling person.

# Examples of Acceptable Documentation

## TANF (Email)

This email is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- A snapshot of current financial benefits that are being received at the time of enrollment; and
- It is issued by a DC Government agency, the Department of Human Services (DHS).
- It also includes the agency official's contact information.



From: [redacted]
Sent: Thursday, July 23, 2020 2:57 PM
To: [redacted]
Subject: RE: Verification of Benefits

Good Afternoon,

Attached is the proof of income and residency for [redacted]

Summary

Refresh Print
Help

Top of Form

Assistance Unit
Toggle Button

Eligibility
Toggle Button

| | |
|---|---|
| Household | Pass |
| Dependent Child | Pass |
| Non Financial | Pass |
| Resource | Pass |
| Compliance<br>Work Eligibility | Pass<br>Conditional |

Benefit
Toggle Button

| | |
|---|---|
| Net Countable Income | -$0.00 |
| Monthly Benefit Amount | $928.00 |

[redacted]
*Government of the District of Columbia*
*Congress Heights Service Center Department of Human Services*
*Economic Security Administration*
[redacted]
*4049 South Capitol Street SW*
*Washington DC 20032*
[redacted]

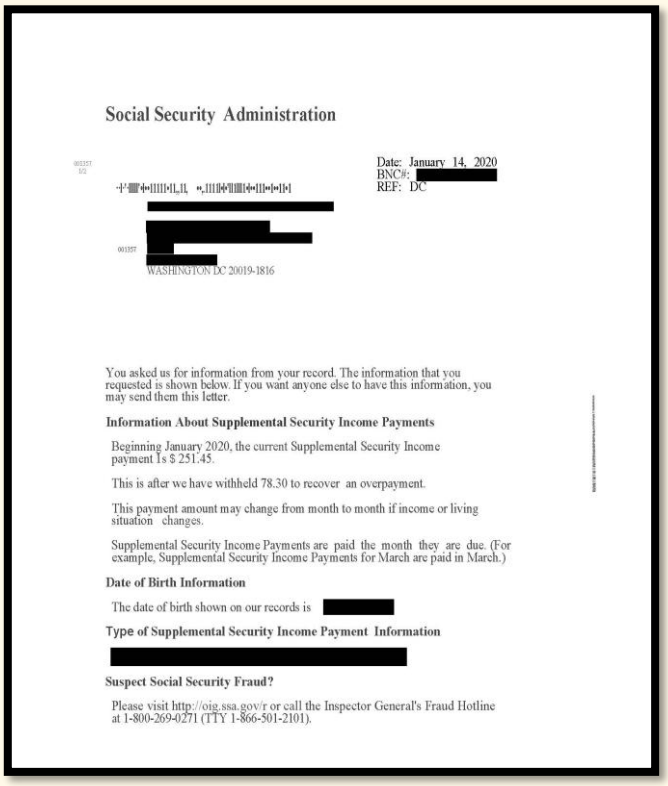
From: [redacted]
Sent: Thursday, July 23, 2020 2:10 PM
To: [redacted]
Subject: RE: Verification of Benefits

[redacted]

Hi [redacted]

My name is [redacted] and I am working with [redacted] to enroll her children in school. We are trying to prove DC Residency. Is it possible for you to provide a letter or form showing her name, current address and current benefits. I need to be able to add it to our residency binder. I can be reach at [redacted] with any questions or concerns.

[redacted]



Social Security Administration

[redacted]

Date: January 14, 2020
BNC#: [redacted]
REF: DC

[redacted]

WASHINGTON DC 20019-1816

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

**Information About Supplemental Security Income Payments**

Beginning January 2020, the current Supplemental Security Income payment is $ 251.45.

This is after we have withheld 78.30 to recover an overpayment.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

**Date of Birth Information**

The date of birth shown on our records is [redacted]

**Type of Supplemental Security Income Payment Information**

[redacted]

**Suspect Social Security Fraud?**

Please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

## SSI Letter

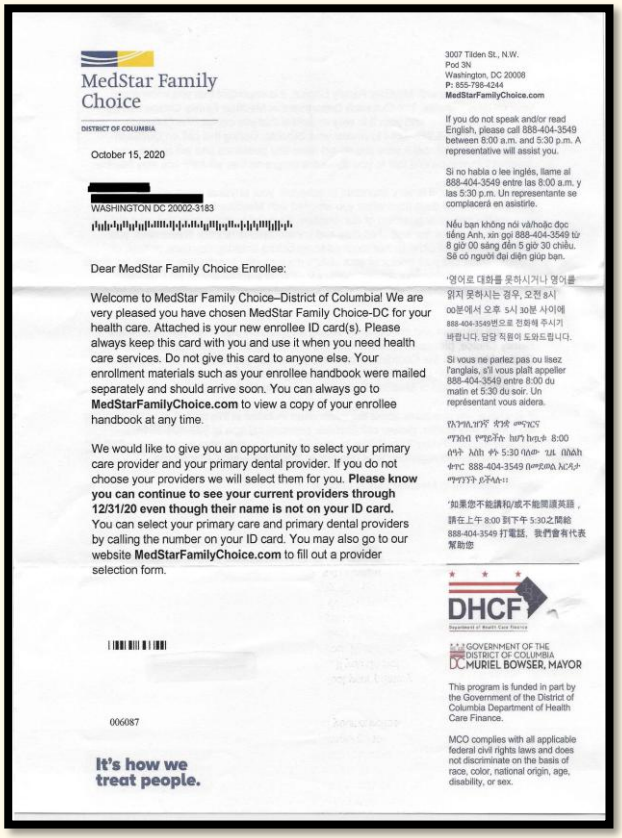
This letter is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- It provides current financial benefits that are being received at the time of enrollment; and
- The document is on Social Security Administration (SSA) letterhead.

## MedStar Letter

This letter is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- It provides current financial benefits that are being received at the time of enrollment; and
- MedStar is the organization assigned to distribute Medicaid benefits and is facilitated by a DC Government agency, the Department of Health Care Finance (DHCF).



MedStar Family Choice

DISTRICT OF COLUMBIA

3007 Tilden St., N.W.
Post 3N
Washington, DC 20008
P: 855-798-4244
MedStarFamilyChoice.com

If you do not speak and/or read English, please call 888-404-3549 between 8:00 a.m. and 5:30 p.m. A representative will assist you.

Si no habla o lee inglés, llame al 888-404-3549 entre las 8:00 a.m. y las 5:30 p.m. Un representante se complacerá en asistirle.

Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi 888-404-3549 từ 8 giờ 00 sáng đến 5 giờ 30 chiều. Sẽ có người đại diện giúp bạn.

'영어로 대화를 못하시거나 영어를 읽지 못하시는 경우, 오전 8시 00분에서 오후 5시 30분 사이에 888-404-3549번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다.

Si vous ne parlez pas ou lisez l'anglais, s'il vous plaît appeller 888-404-3549 entre 8:00 du matin et 5:30 du soir. Un représentant vous aidera.

የእንግሊዝኛ ቋንቋ መናገርና ማንበብ የሚቻሎት ከሆነ ከጧቱ 8:00 ሰዓት እስከ ቀኑ 5:30 ባለው ጊዜ በሰልክ ቁጥር 888-404-3549 በመደወል እርዳታ ማግኘት ይችላሉ።

'如果您不能講和/或不能閱讀英語，請在上午 8:00 到下午 5:30之間給 888-404-3549 打電話，我們會有代表幫助您

October 15, 2020

[redacted]
WASHINGTON DC 20002-3183

Dear MedStar Family Choice Enrollee:

Welcome to MedStar Family Choice–District of Columbia! We are very pleased you have chosen MedStar Family Choice-DC for your health care. Attached is your new enrollee ID card(s). Please always keep this card with you and use it when you need health care services. Do not give this card to anyone else. Your enrollment materials such as your enrollee handbook were mailed separately and should arrive soon. You can always go to **MedStarFamilyChoice.com** to view a copy of your enrollee handbook at any time.

We would like to give you an opportunity to select your primary care provider and your primary dental provider. If you do not choose your providers we will select them for you. **Please know you can continue to see your current providers through 12/31/20 even though their name is not on your ID card.** You can select your primary care and primary dental providers by calling the number on your ID card. You may also go to our website **MedStarFamilyChoice.com** to fill out a provider selection form.

006087

**It's how we treat people.**

DHCF

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

MCO complies with all applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Residents | Business | Government | Visitors | Education | Jobs | Online Services | Mayor

DC.gov

Search dc-medicaid.com

HOME HELP CONTACT US

Logout
User logged in as [redacted]
Message Center ID is [redacted]

HOME
Online Security
Terms of Usage
Privacy Policy
Forgot User ID/Password
Help

WEB REGISTRATION

PROVIDER - Secure Options
Claim Templates
Inquiry Options
Claims Entry
Communication Options
Enter PA Request
Submission Options
TPL Update
Message Admin Options
Org Admin Options
User Admin Options

PROVIDER
Fee Schedules
Pricing Methods
Frequently Asked Questions
General Billing Tips
Managed Care Information
Provider Bulletins/Transmittals
Provider Payment Methods
Provider Hotlines
Provider Type Specific Information
Provider Information & Forms
Statistics
Trading Partner Information
Training Material/CBT
WINASAP 5010 Software

VISIT
DDS
Liberty Healthcare
Department of Health
Department of Behavioral Health
Coronavirus

REPORT FRAUD AND ABUSE
Medicaid Program Integrity

Eligibility Inquiry Result

| Recipient Eligibility Information requested / verified on: | 04/21/2020 |
|---|---|
| Recipient Detail | |
| First Name: | [redacted] |
| Middle Name: | [redacted] |
| Last Name: | [redacted] |
| Recipient ID: | [redacted] |
| Recipient Address: | [redacted] WASHINGTON DC 20011 - 0000 |
| Ward/Quadrant: | 05/NE |
| Gender: | Male |
| Date Of Birth: | [redacted] |
| Re-cert Date: | [redacted] |
| Plan Coverage Information | |
| Plan Coverage: | Medicaid Children |
| Program Code: | 221 |
| Eligibility or Benefit Information: | ACTIVE |
| Begin Date: | 01/01/2016 |
| End Date: | 12/31/2020 |
| QMB Indicator: | NO |
| Case Number: | [redacted] |
| Service types | |
| Service Management | |
| Service Management Type: | MCO |
| Begin Date: | 10/01/2017 |
| End Date: | 12/31/9999 |
| Provider: | AMERIGROUP DISTRICT OF COLUMBIA, IN |
| Service types | |
| Medicare Information | |
| N/A | |
| My Health DC's Coverage Information | |
| N/A | |
| Long Term Care Information | |
| N/A | |
| Third Party Liability Information | |
| TPL Update | |
| Remaining Servic... Limits | |
| Please contact Conduent Provider Inquiry at (866)752-9233 or (202)906-8319 for inquiries on Procedure Specific limitations. | |

New Inquiry

Terms of Usage - Privacy Policy - Browser Compatibility - Site Map - Help

## Medicaid Snapshot

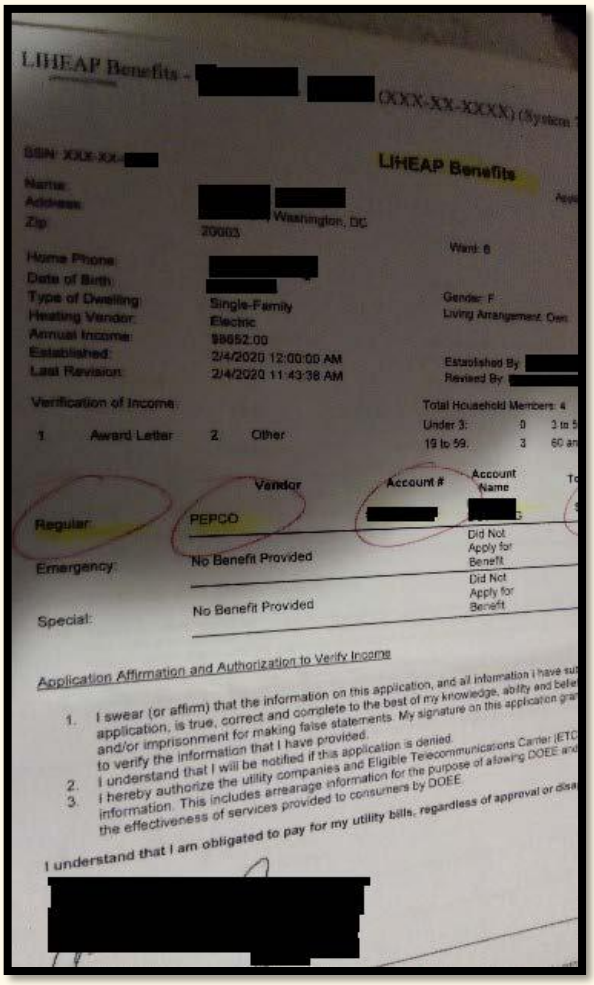
This snapshot is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- It provides current financial benefits that are being received at the time of enrollment; and
- The snapshot identifies a Medicaid coverage plan and the DC Government logo is present on the document.

## Low Income Home Energy Assistance Program (LIHEAP) Benefits

This document is acceptable because:

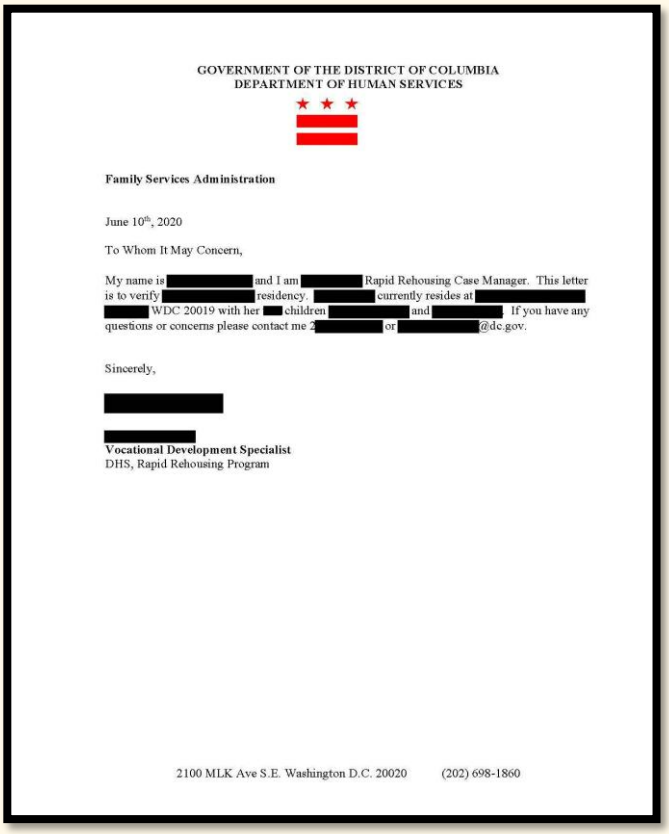
- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- It provides current financial benefits that are being received at the time of enrollment; and
- It provides proof of benefits offered by a DC Government agency, Department of Energy and Environment (DOEE).



## DHS Case Manager Verification Letter

This letter is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- It provides current financial benefits that are being received at the time of enrollment; and
- It is issued by a DC Government agency (DHS).



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES

**Family Services Administration**

June 10th, 2020

To Whom It May Concern,

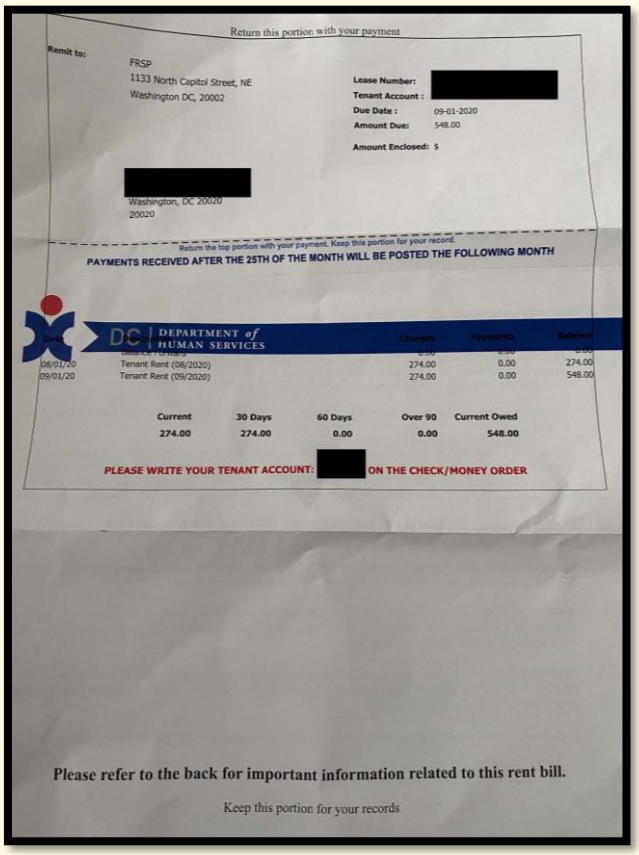
My name is [redacted] and I am [redacted] Rapid Rehousing Case Manager. This letter is to verify [redacted] residency. [redacted] currently resides at [redacted] WDC 20019 with her [redacted] children [redacted] and [redacted]. If you have any questions or concerns please contact me 2[redacted] or [redacted]@dc.gov.

Sincerely,

[redacted]

[redacted]
**Vocational Development Specialist**
DHS, Rapid Rehousing Program

2100 MLK Ave S.E. Washington D.C. 20020 (202) 698-1860



Return this portion with your payment

Remit to:
FRSP
1133 North Capitol Street, NE
Washington DC, 20002

Lease Number:
Tenant Account : [redacted]
Due Date : 09-01-2020
Amount Due: 548.00
Amount Enclosed: $

[redacted]
Washington, DC 20020
20020

Return the top portion with your payment. Keep this portion for your record.

**PAYMENTS RECEIVED AFTER THE 25TH OF THE MONTH WILL BE POSTED THE FOLLOWING MONTH**

DC | DEPARTMENT of HUMAN SERVICES

| | | Charges | Payments | Balance |
|---|---|---|---|---|
| 08/01/20 | Tenant Rent (08/2020) | 274.00 | 0.00 | 274.00 |
| 09/01/20 | Tenant Rent (09/2020) | 274.00 | 0.00 | 548.00 |

| Current | 30 Days | 60 Days | Over 90 | Current Owed |
|---|---|---|---|---|
| 274.00 | 274.00 | 0.00 | 0.00 | 548.00 |

**PLEASE WRITE YOUR TENANT ACCOUNT: [redacted] ON THE CHECK/MONEY ORDER**

**Please refer to the back for important information related to this rent bill.**

Keep this portion for your records

## DHS Housing Bill

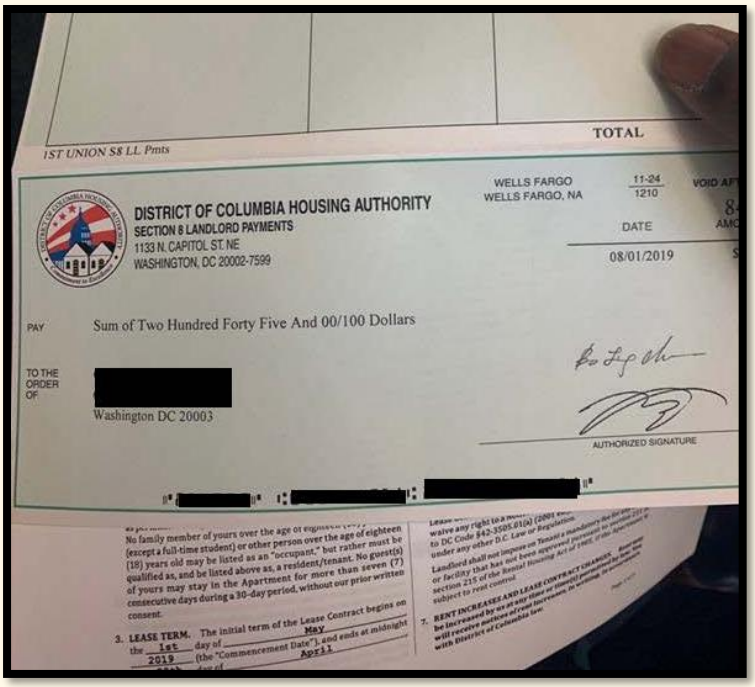
This document is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- It provides a summary of charges, payments of rent and implies the receipt of DC financial assistance; and
- It is issued by a DC Government agency (DHS).

## DCHA Check

This check is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- It provides current financial benefits that are being received at the time of enrollment; and
- It is issued by a DC Government agency, DC Housing Authority (DCHA).



1ST UNION S8 LL Pmts

TOTAL

DISTRICT OF COLUMBIA HOUSING AUTHORITY
SECTION 8 LANDLORD PAYMENTS
1133 N. CAPITOL ST. NE
WASHINGTON, DC 20002-7599

WELLS FARGO
WELLS FARGO, NA

11-24
1210

DATE
08/01/2019

PAY Sum of Two Hundred Forty Five And 00/100 Dollars

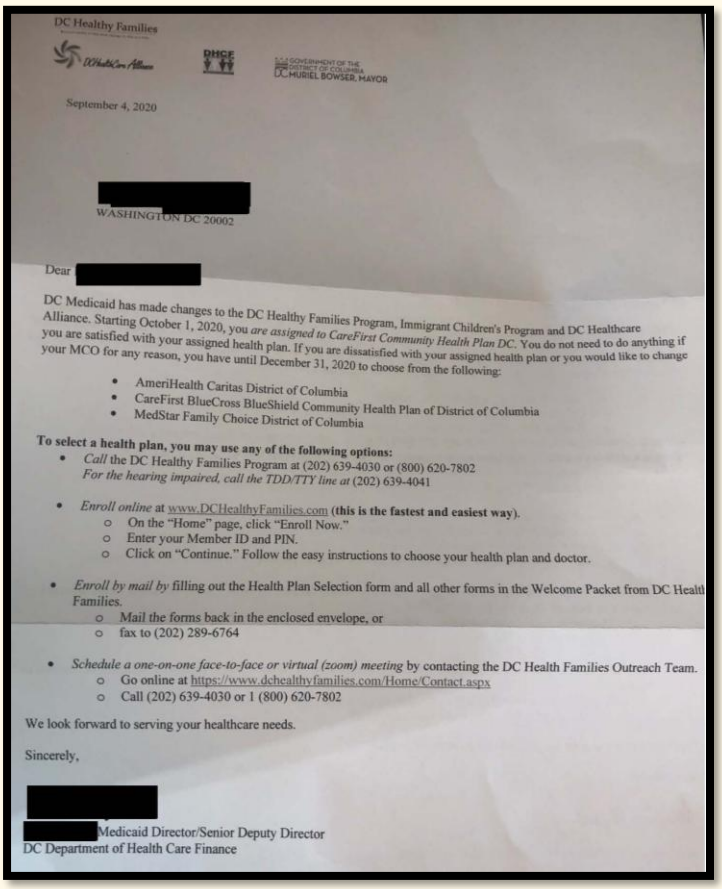
TO THE ORDER OF [redacted]
Washington DC 20003

AUTHORIZED SIGNATURE

[redacted]

No family member of yours over the age of eighteen (except a full-time student) or other person over the age of eighteen (18) years old may be listed as an "occupant," but rather must be qualified as, and be listed above as, a resident/tenant. No guest(s) of yours may stay in the Apartment for more than seven (7) consecutive days during a 30-day period, without our prior written consent.

3. LEASE TERM. The initial term of the Lease Contract begins on the 1st day of May 2019 (the "Commencement Date"), and ends at midnight April



DC Healthy Families

DHCF

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

September 4, 2020

[redacted]
WASHINGTON DC 20002

Dear [redacted]

DC Medicaid has made changes to the DC Healthy Families Program, Immigrant Children's Program and DC Healthcare Alliance. Starting October 1, 2020, you *are assigned to CareFirst Community Health Plan DC*. You do not need to do anything if you are satisfied with your assigned health plan. If you are dissatisfied with your assigned health plan or you would like to change your MCO for any reason, you have until December 31, 2020 to choose from the following:

- AmeriHealth Caritas District of Columbia
- CareFirst BlueCross BlueShield Community Health Plan of District of Columbia
- MedStar Family Choice District of Columbia

**To select a health plan, you may use any of the following options:**

- *Call* the DC Healthy Families Program at (202) 639-4030 or (800) 620-7802
  *For the hearing impaired, call the TDD/TTY line at* (202) 639-4041
- *Enroll online at* www.DCHealthyFamilies.com **(this is the fastest and easiest way).**
  - On the "Home" page, click "Enroll Now."
  - Enter your Member ID and PIN.
  - Click on "Continue." Follow the easy instructions to choose your health plan and doctor.
- *Enroll by mail by* filling out the Health Plan Selection form and all other forms in the Welcome Packet from DC Health Families.
  - Mail the forms back in the enclosed envelope, or
  - fax to (202) 289-6764
- *Schedule a one-on-one face-to-face or virtual (zoom) meeting* by contacting the DC Health Families Outreach Team.
  - Go online at https://www.dchealthyfamilies.com/Home/Contact.aspx
  - Call (202) 639-4030 or 1 (800) 620-7802

We look forward to serving your healthcare needs.

Sincerely,

[redacted]
[redacted] Medicaid Director/Senior Deputy Director
DC Department of Health Care Finance

## DC Medicaid Plan Selection Letter

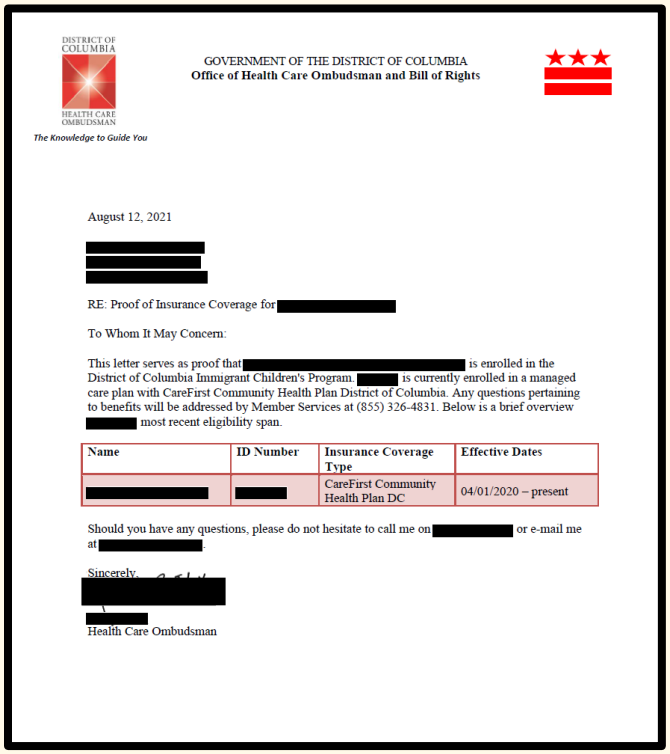
This letter is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- It provides current financial benefits that are being received at the time of enrollment; and
- It is issued by a DC Government agency (DHCF).

## Health Care Ombudsman Letter

This document is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- It provides current financial benefits that are being received at the time of enrollment; and
- It is issued by a DC Government agency, Office of Health Care Ombudsman and Bill of Rights.



DISTRICT OF COLUMBIA HEALTH CARE OMBUDSMAN

*The Knowledge to Guide You*

GOVERNMENT OF THE DISTRICT OF COLUMBIA
**Office of Health Care Ombudsman and Bill of Rights**

August 12, 2021

[redacted]

RE: Proof of Insurance Coverage for [redacted]

To Whom It May Concern:

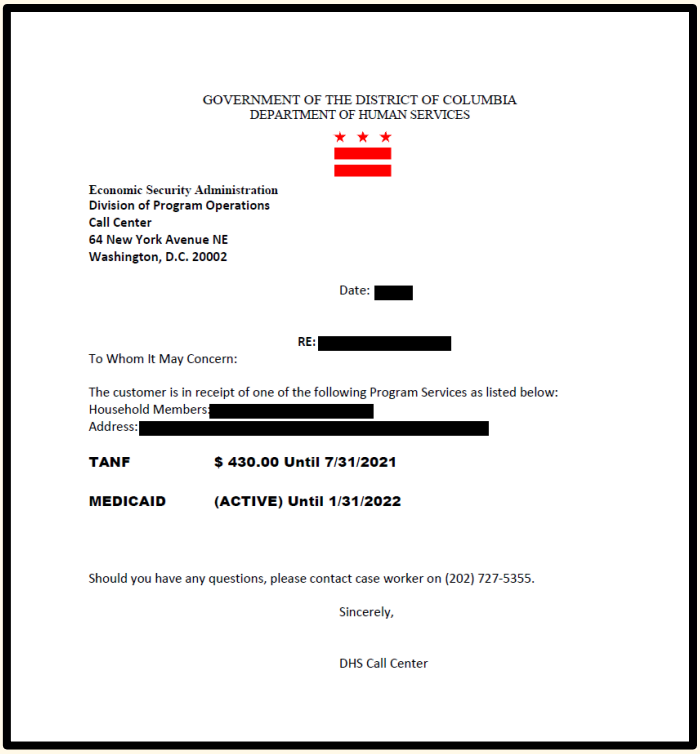
This letter serves as proof that [redacted] is enrolled in the District of Columbia Immigrant Children's Program. [redacted] is currently enrolled in a managed care plan with CareFirst Community Health Plan District of Columbia. Any questions pertaining to benefits will be addressed by Member Services at (855) 326-4831. Below is a brief overview [redacted] most recent eligibility span.

| Name | ID Number | Insurance Coverage Type | Effective Dates |
|---|---|---|---|
| [redacted] | [redacted] | CareFirst Community Health Plan DC | 04/01/2020 – present |

Should you have any questions, please do not hesitate to call me on [redacted] or e-mail me at [redacted].

Sincerely,

[redacted]
Health Care Ombudsman



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES

**Economic Security Administration**
**Division of Program Operations**
**Call Center**
**64 New York Avenue NE**
**Washington, D.C. 20002**

Date: [redacted]

**RE:** [redacted]

To Whom It May Concern:

The customer is in receipt of one of the following Program Services as listed below:
Household Members: [redacted]
Address: [redacted]

**TANF** **$ 430.00 Until 7/31/2021**

**MEDICAID** **(ACTIVE) Until 1/31/2022**

Should you have any questions, please contact case worker on (202) 727-5355.

Sincerely,

DHS Call Center

## DHS ESA Letter

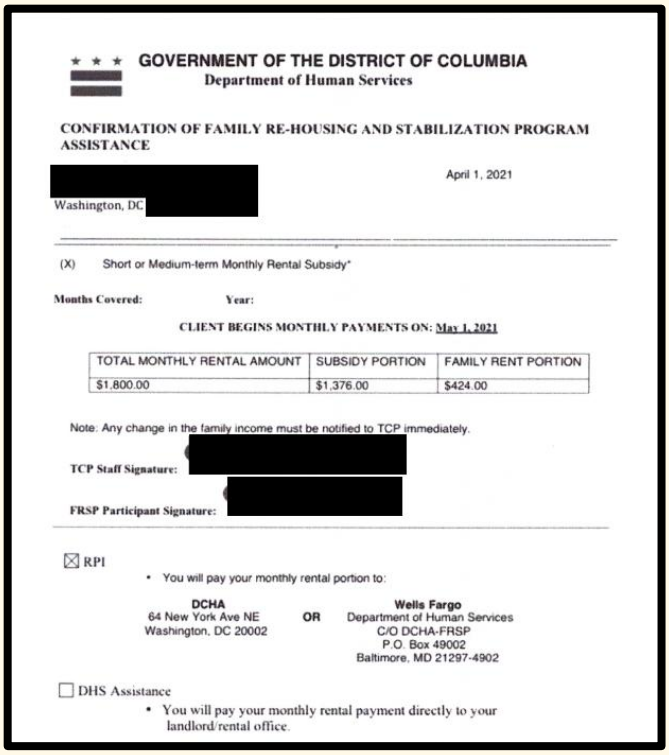
This document is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- It provides current financial benefits that are being received at the time of enrollment; and
- It is issued by a DC Government agency (DHS).

## DHS Rapid Re-housing and Stabilization Program

This document is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- It provides current financial benefits that are being received at the time of enrollment; and
- It is issued by a DC Government agency (DHS).



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Human Services

CONFIRMATION OF FAMILY RE-HOUSING AND STABILIZATION PROGRAM ASSISTANCE

April 1, 2021

[redacted]
Washington, DC [redacted]

(X) Short or Medium-term Monthly Rental Subsidy*

Months Covered: Year:

CLIENT BEGINS MONTHLY PAYMENTS ON: May 1, 2021

| TOTAL MONTHLY RENTAL AMOUNT | SUBSIDY PORTION | FAMILY RENT PORTION |
|---|---|---|
| $1,800.00 | $1,376.00 | $424.00 |

Note: Any change in the family income must be notified to TCP immediately.

TCP Staff Signature: [redacted]

FRSP Participant Signature: [redacted]

☒ RPI

- You will pay your monthly rental portion to:

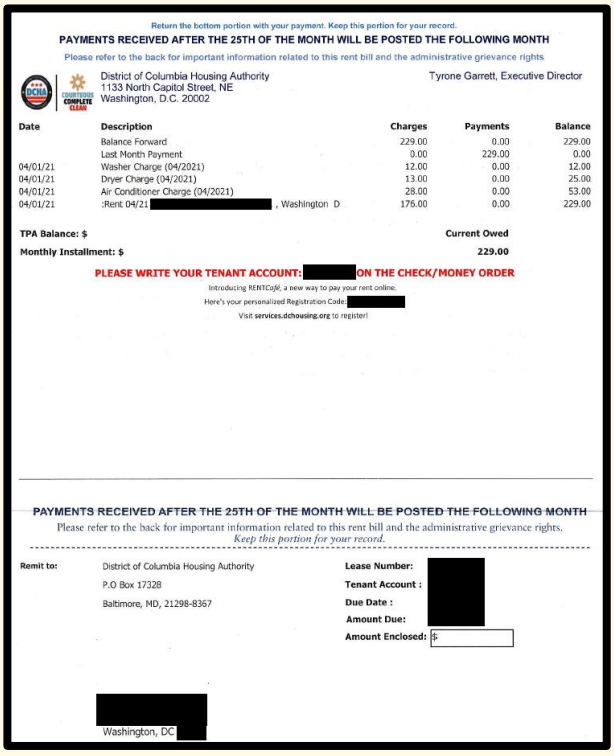
DCHA
64 New York Ave NE
Washington, DC 20002

OR

Wells Fargo
Department of Human Services
C/O DCHA-FRSP
P.O. Box 49002
Baltimore, MD 21297-4902

☐ DHS Assistance

- You will pay your monthly rental payment directly to your landlord/rental office.



Return the bottom portion with your payment. Keep this portion for your record.

PAYMENTS RECEIVED AFTER THE 25TH OF THE MONTH WILL BE POSTED THE FOLLOWING MONTH

Please refer to the back for important information related to this rent bill and the administrative grievance rights

District of Columbia Housing Authority
1133 North Capitol Street, NE
Washington, D.C. 20002

Tyrone Garrett, Executive Director

| Date | Description | Charges | Payments | Balance |
|---|---|---|---|---|
| | Balance Forward | 229.00 | 0.00 | 229.00 |
| | Last Month Payment | 0.00 | 229.00 | 0.00 |
| 04/01/21 | Washer Charge (04/2021) | 12.00 | 0.00 | 12.00 |
| 04/01/21 | Dryer Charge (04/2021) | 13.00 | 0.00 | 25.00 |
| 04/01/21 | Air Conditioner Charge (04/2021) | 28.00 | 0.00 | 53.00 |
| 04/01/21 | :Rent 04/21 [redacted] , Washington D | 176.00 | 0.00 | 229.00 |

TPA Balance: $ Current Owed

Monthly Installment: $ 229.00

PLEASE WRITE YOUR TENANT ACCOUNT: [redacted] ON THE CHECK/MONEY ORDER

Introducing RENTCafé, a new way to pay your rent online.
Here's your personalized Registration Code: [redacted]
Visit services.dchousing.org to register!

PAYMENTS RECEIVED AFTER THE 25TH OF THE MONTH WILL BE POSTED THE FOLLOWING MONTH

Please refer to the back for important information related to this rent bill and the administrative grievance rights.
*Keep this portion for your record.*

Remit to: District of Columbia Housing Authority
P.O Box 17328
Baltimore, MD, 21298-8367

Lease Number:
Tenant Account : [redacted]
Due Date :
Amount Due:
Amount Enclosed: $

[redacted]
Washington, DC [redacted]

## DHCA Housing Bill

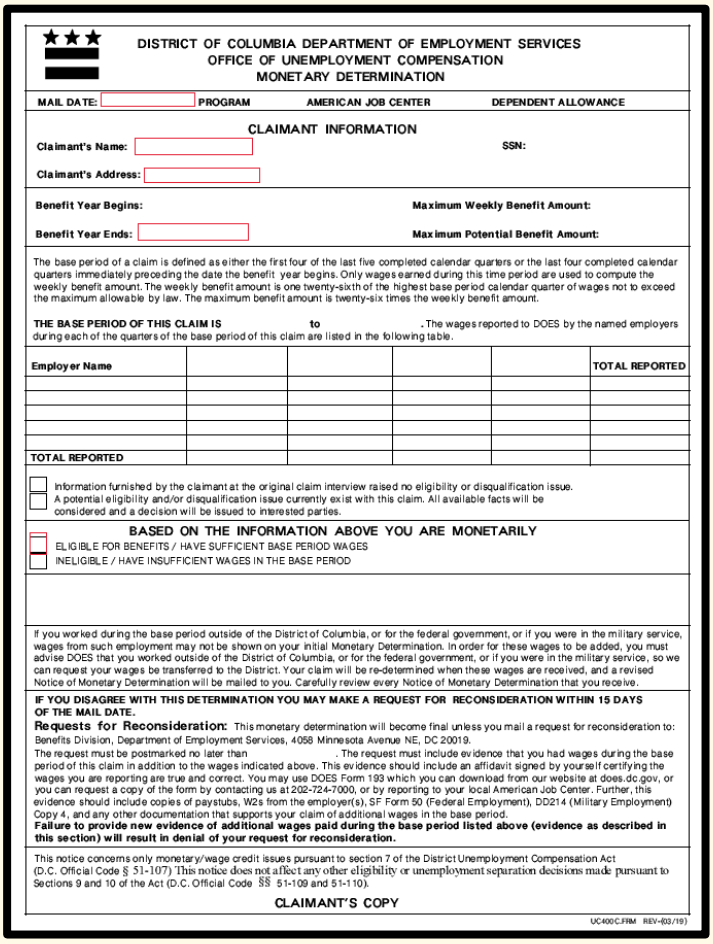
This document is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It is issued in the past 12 months and current;
- It provides a summary of charges, payments of rent and implies the receipt of DC financial assistance; and
- It is issued by a DC Government agency (DCHA).

## Unemployment Insurance and Paid Family Leave Benefits

OSSE has identified Unemployment Insurance (UI) and Paid Family Leave (PFL) benefits distributed by the DC government as a valid supporting residency document for persons enrolling in a DC public school or public charter school. Because UI and PFL benefits are based on the location of employment and not where the recipient physically resides, use of UI or PFL benefits for residency verification must meet the following requirements to demonstrate DC residency:

- The enrolling person must submit a Monetary Determination Letter issued by the District of Columbia Department of Employment Services (DOES);
- The Monetary Determination Letter must have the name and address of the enrolling person as listed on the District of Columbia Residency Verification Form (DCRV);
- The enrolling person must submit a paystub dated within 60 days preceding the mail date on the Monetary Determination Letter;
- The Monetary Determination Letter must list the enrolling person as eligible for benefits;
- The benefit receipt must be current at the time of review;
- The paystub must contain the same name and address of the enrolling person as listed on the DCRV;
- The paystub must show a withholding amount greater than zero of DC personal income tax for both the current tax year and the current pay period;
- The paystub must identify DC as the only state tax deduction – no other state identified on the paystub.



DISTRICT OF COLUMBIA DEPARTMENT OF EMPLOYMENT SERVICES
OFFICE OF UNEMPLOYMENT COMPENSATION
MONETARY DETERMINATION

MAIL DATE: PROGRAM AMERICAN JOB CENTER DEPENDENT ALLOWANCE

CLAIMANT INFORMATION

Claimant's Name: SSN:

Claimant's Address:

Benefit Year Begins: Maximum Weekly Benefit Amount:

Benefit Year Ends: Maximum Potential Benefit Amount:

The base period of a claim is defined as either the first four of the last five completed calendar quarters or the last four completed calendar quarters immediately preceding the date the benefit year begins. Only wages earned during this time period are used to compute the weekly benefit amount. The weekly benefit amount is one twenty-sixth of the highest base period calendar quarter of wages not to exceed the maximum allowable by law. The maximum benefit amount is twenty-six times the weekly benefit amount.

THE BASE PERIOD OF THIS CLAIM IS to . The wages reported to DOES by the named employers during each of the quarters of the base period of this claim are listed in the following table.

| Employer Name | | | | | TOTAL REPORTED |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL REPORTED | | | | | |

☐ Information furnished by the claimant at the original claim interview raised no eligibility or disqualification issue.
☐ A potential eligibility and/or disqualification issue currently exist with this claim. All available facts will be considered and a decision will be issued to interested parties.

BASED ON THE INFORMATION ABOVE YOU ARE MONETARILY
☐ ELIGIBLE FOR BENEFITS / HAVE SUFFICIENT BASE PERIOD WAGES
☐ INELIGIBLE / HAVE INSUFFICIENT WAGES IN THE BASE PERIOD

If you worked during the base period outside of the District of Columbia, or for the federal government, or if you were in the military service, wages from such employment may not be shown on your initial Monetary Determination. In order for these wages to be added, you must advise DOES that you worked outside of the District of Columbia, or for the federal government, or if you were in the military service, so we can request your wages be transferred to the District. Your claim will be re-determined when these wages are received, and a revised Notice of Monetary Determination will be mailed to you. Carefully review every Notice of Monetary Determination that you receive.

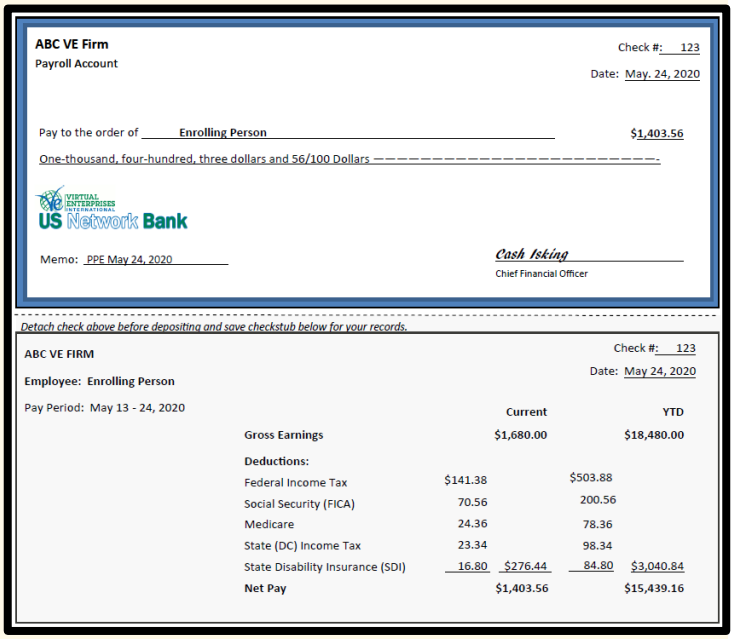
**IF YOU DISAGREE WITH THIS DETERMINATION YOU MAY MAKE A REQUEST FOR RECONSIDERATION WITHIN 15 DAYS OF THE MAIL DATE.**

**Requests for Reconsideration:** This monetary determination will become final unless you mail a request for reconsideration to: Benefits Division, Department of Employment Services, 4058 Minnesota Avenue NE, DC 20019.
The request must be postmarked no later than . The request must include evidence that you had wages during the base period of this claim in addition to the wages indicated above. This evidence should include an affidavit signed by yourself certifying the wages you are reporting are true and correct. You may use DOES Form 193 which you can download from our website at does.dc.gov, or you can request a copy of the form by contacting us at 202-724-7000, or by reporting to your local American Job Center. Further, this evidence should include copies of paystubs, W2s from the employer(s), SF Form 50 (Federal Employment), DD214 (Military Employment) Copy 4, and any other documentation that supports your claim of additional wages in the base period.
**Failure to provide new evidence of additional wages paid during the base period listed above (evidence as described in this section) will result in denial of your request for reconsideration.**

This notice concerns only monetary/wage credit issues pursuant to section 7 of the District Unemployment Compensation Act (D.C. Official Code § 51-107) This notice does not affect any other eligibility or unemployment separation decisions made pursuant to Sections 9 and 10 of the Act (D.C. Official Code §§ 51-109 and 51-110).

CLAIMANT'S COPY

UC400C.FRM REV-(03/19)



**ABC VE Firm**
**Payroll Account**

Check #: 123
Date: May. 24, 2020

Pay to the order of **Enrolling Person** $1,403.56

One-thousand, four-hundred, three dollars and 56/100 Dollars ----------.

VIRTUAL ENTERPRISES INTERNATIONAL
US Network Bank

Memo: PPE May 24, 2020

*Cash Isking*
Chief Financial Officer

*Detach check above before depositing and save checkstub below for your records.*

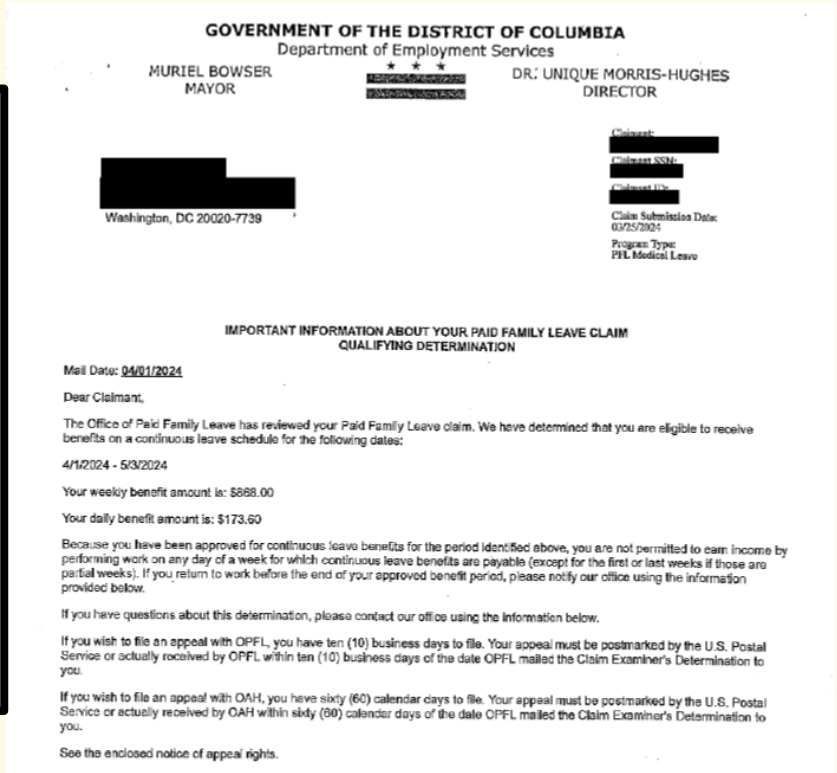
**ABC VE FIRM**

Check #: 123
Date: May 24, 2020

**Employee: Enrolling Person**

Pay Period: May 13 - 24, 2020

| | Current | | YTD | |
|---|---|---|---|---|
| **Gross Earnings** | $1,680.00 | | $18,480.00 | |
| **Deductions:** | | | | |
| Federal Income Tax | $141.38 | | $503.88 | |
| Social Security (FICA) | 70.56 | | 200.56 | |
| Medicare | 24.36 | | 78.36 | |
| State (DC) Income Tax | 23.34 | | 98.34 | |
| State Disability Insurance (SDI) | 16.80 | $276.44 | 84.80 | $3,040.84 |
| **Net Pay** | | $1,403.56 | | $15,439.16 |



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**
Department of Employment Services

MURIEL BOWSER
MAYOR

DR. UNIQUE MORRIS-HUGHES
DIRECTOR

[redacted]
Washington, DC 20020-7739

Claimant: [redacted]
Claimant SSN: [redacted]
Claimant ID: [redacted]
Claim Submission Date: 03/25/2024
Program Type: PFL Medical Leave

**IMPORTANT INFORMATION ABOUT YOUR PAID FAMILY LEAVE CLAIM**
**QUALIFYING DETERMINATION**

Mail Date: 04/01/2024

Dear Claimant,

The Office of Paid Family Leave has reviewed your Paid Family Leave claim. We have determined that you are eligible to receive benefits on a continuous leave schedule for the following dates:

4/1/2024 - 5/3/2024

Your weekly benefit amount is: $868.00

Your daily benefit amount is: $173.60

Because you have been approved for continuous leave benefits for the period identified above, you are not permitted to earn income by performing work on any day of a week for which continuous leave benefits are payable (except for the first or last weeks if those are partial weeks). If you return to work before the end of your approved benefit period, please notify our office using the information provided below.

If you have questions about this determination, please contact our office using the information below.

If you wish to file an appeal with OPFL, you have ten (10) business days to file. Your appeal must be postmarked by the U.S. Postal Service or actually received by OPFL within ten (10) business days of the date OPFL mailed the Claim Examiner's Determination to you.

If you wish to file an appeal with OAH, you have sixty (60) calendar days to file. Your appeal must be postmarked by the U.S. Postal Service or actually received by OAH within sixty (60) calendar days of the date OPFL mailed the Claim Examiner's Determination to you.

See the enclosed notice of appeal rights.

**Address Confidentiality Program (ACP) participants**

ACP participants are provided a valid Authorization Card as evidence that the DC Office of Victim Services and Justice Grants (OVSJG) has certified that the applicant meets all the requirements to participate in the program, including District residency. LEAs shall request the card in lieu of valid supporting residency documents outlined in section 2.4(a)-(n) of the OER Handbook. Additional information and example Authorization Cards can be viewed on the OVSJG website, ovsjg.dc.gov.

ADDRESS CONFIDENTIALITY PROGRAM

Date

Name of School
Address of School

Dear {Enrollment staff},
This letter is to provide verification from the District of Columbia Office of Victim Services and Justice Grants ("OVSJG") of participation for {children's names} and their legal guardian {guardian name} in the District's Address Confidentiality Program ("ACP"). As such this is also verification of their DC residency. According to our legislation, when the address is provided, it is to be used as their legal address for all correspondence and anywhere records are stored. This is to advise you that the address is:

899 N Capitol ST NE 410A
APT 2XXXX
Washington DC 20002

Along with this letter the legal guardian can provide the ACP Authorization card issued by OVSJG if needed. If there are any questions regarding the agreement, process, or the Address Confidentiality Program, feel free to contact me via the contact information provided below. Guidance surrounding registering and documentation is provided by OSSE in the 2023-2024 School Year Office of Enrollment and Residency Handbook (issued March 4, 2024) on page 26 in the manual.

Sincerely,

Kate Bouwkamp
Address Confidentiality Program Coordinator
Office of Victim Services and Justice Grants
Office: 202-788-2131/ Email: acp@dc.gov

**Address Confidentiality Program Authorization Card**

Pursuant to D.C. Law 22-118, the Address Confidentiality Act of 2018, the following person is authorized to use the following substitute address for legal purposes.

**Jennifer Smith**
**899 N Capitol ST NE, 410A-19000**
**Washington, DC 20002**

**Expiration Date: 2022-10-04** **Certification #19000**

OVSJG Office of Victim Services and Justice Grants
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

All District Agencies shall accept the substitute address as the participant's residential address when presented with this card. This address shall be accepted as the participant's address of record and must be used on all correspondence.

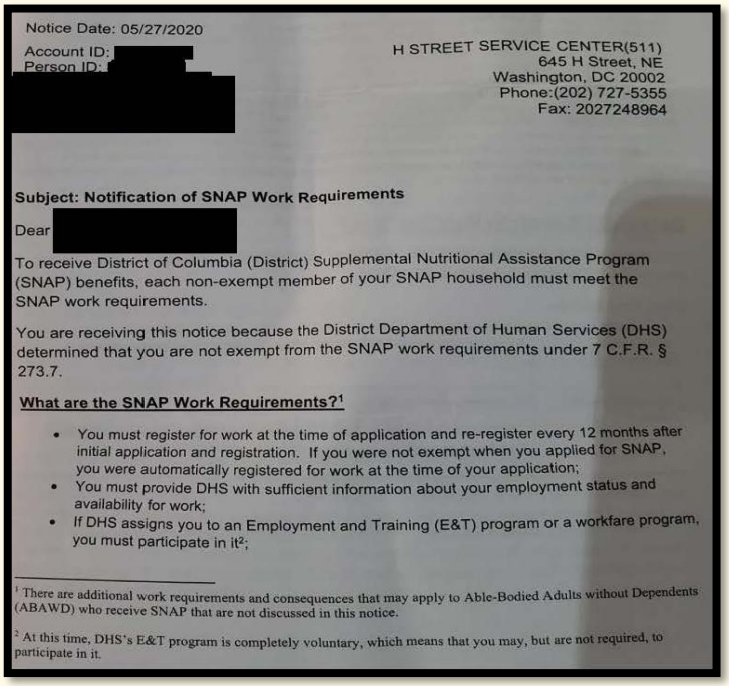
**Questions regarding the program or verification for service eligibility? Please contact the ACP at acp@dc.gov or 202-788-2131**

# Examples of Unacceptable Documentation

## SNAP Work Requirements Letter

This letter is unacceptable because:

- It is stating eligibility requirements and does not provide proof of financial benefits being received by the enrolling person.



Notice Date: 05/27/2020

Account ID: [redacted]
Person ID: [redacted]

H STREET SERVICE CENTER(511)
645 H Street, NE
Washington, DC 20002
Phone:(202) 727-5355
Fax: 2027248964

**Subject: Notification of SNAP Work Requirements**

Dear [redacted]

To receive District of Columbia (District) Supplemental Nutritional Assistance Program (SNAP) benefits, each non-exempt member of your SNAP household must meet the SNAP work requirements.

You are receiving this notice because the District Department of Human Services (DHS) determined that you are not exempt from the SNAP work requirements under 7 C.F.R. § 273.7.

**What are the SNAP Work Requirements?[1]**

- You must register for work at the time of application and re-register every 12 months after initial application and registration. If you were not exempt when you applied for SNAP, you were automatically registered for work at the time of your application;
- You must provide DHS with sufficient information about your employment status and availability for work;
- If DHS assigns you to an Employment and Training (E&T) program or a workfare program, you must participate in it[2];

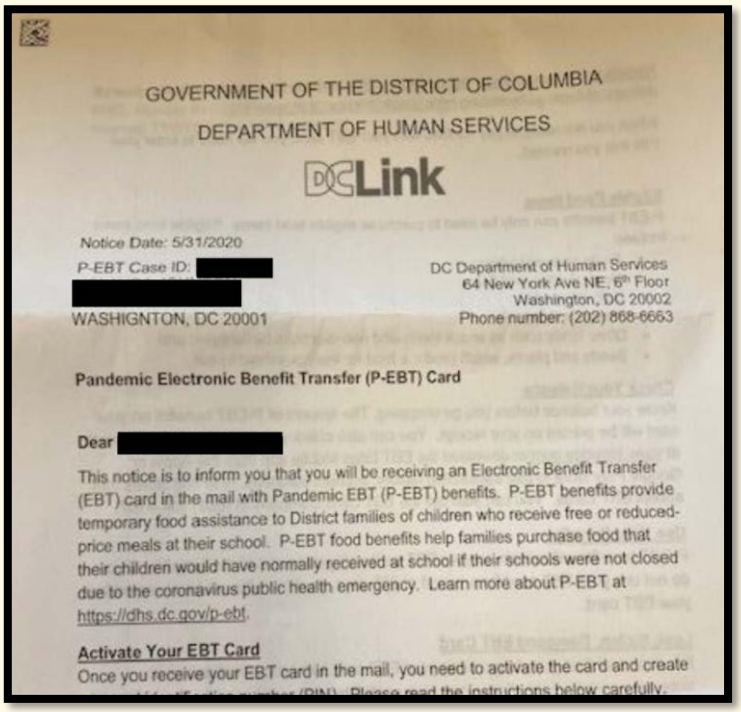
[1] There are additional work requirements and consequences that may apply to Able-Bodied Adults without Dependents (ABAWD) who receive SNAP that are not discussed in this notice.

[2] At this time, DHS's E&T program is completely voluntary, which means that you may, but are not required, to participate in it.

## P-EBT

This letter is unacceptable because:

- This financial benefit is temporary and not current.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
DCLink

Notice Date: 5/31/2020
P-EBT Case ID: [redacted]
[redacted]
WASHIGNTON, DC 20001

DC Department of Human Services
64 New York Ave NE, 6th Floor
Washington, DC 20002
Phone number: (202) 868-6663

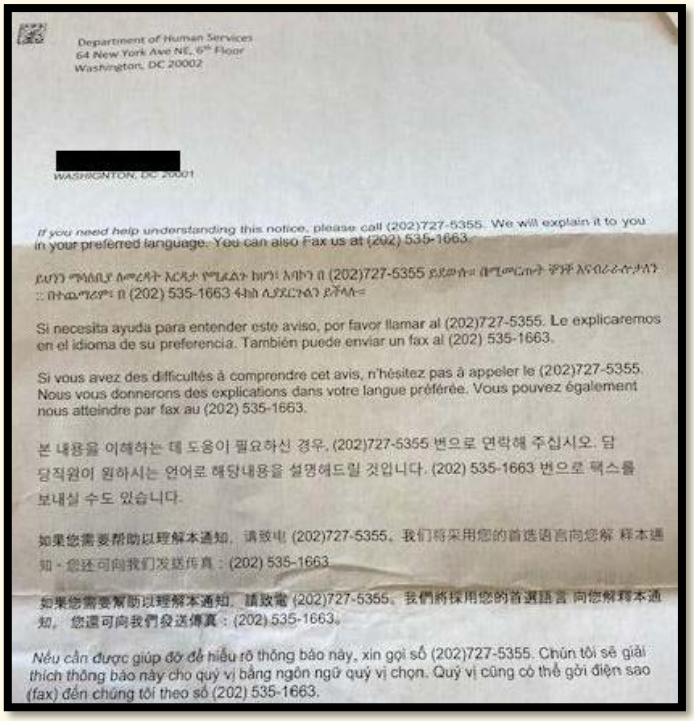
**Pandemic Electronic Benefit Transfer (P-EBT) Card**

Dear [redacted]

This notice is to inform you that you will be receiving an Electronic Benefit Transfer (EBT) card in the mail with Pandemic EBT (P-EBT) benefits. P-EBT benefits provide temporary food assistance to District families of children who receive free or reduced-price meals at their school. P-EBT food benefits help families purchase food that their children would have normally received at school if their schools were not closed due to the coronavirus public health emergency. Learn more about P-EBT at https://dhs.dc.gov/p-ebt.

**Activate Your EBT Card**

Once you receive your EBT card in the mail, you need to activate the card and create



Department of Human Services
64 New York Ave NE, 6th Floor
Washington, DC 20002

[redacted]
WASHIGNTON, DC 20001

*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) 535-1663.*

ይህን ማስጠሊያ ለመረዳት እርዳታ ከሆነ፡ እባክን በ (202)727-5355 ይደውሉ። በሚመርጡት ቋንቋ እናብራራሎታለን :: በተጨማሪ በ (202) 535-1663 ፋክስ ሊያደርጉልን ይችላሉ።

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) 535-1663.

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) 535-1663.

본 내용을 이해하는 데 도움이 필요하신 경우, (202)727-5355 번으로 연락해 주십시오. 담당직원이 원하시는 언어로 해당내용을 설명해드릴 것입니다. (202) 535-1663 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) 535-1663。

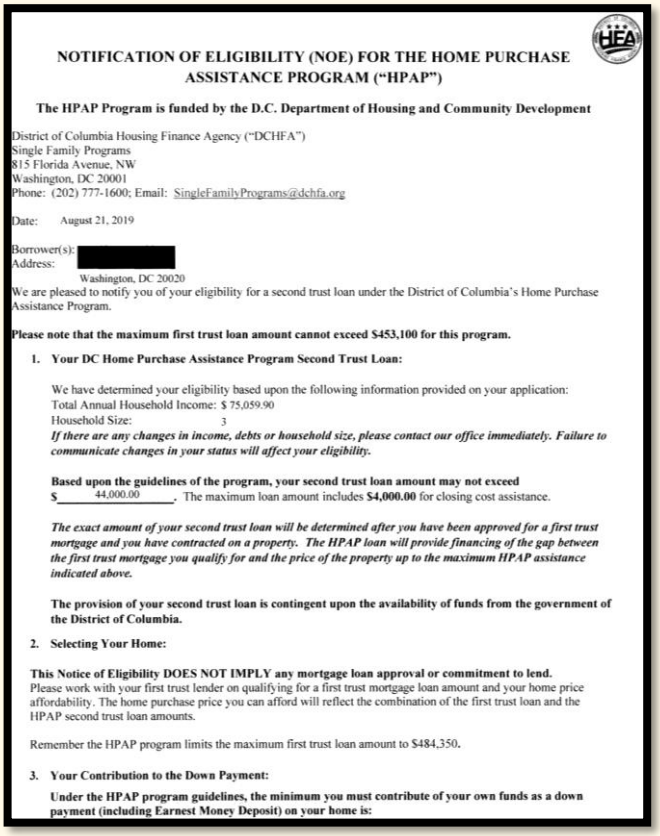
如果您需要幫助以理解本通知，請致電 (202)727-5355。我們將採用您的首選語言向您解釋本通知。您還可向我們發送傳真：(202) 535-1663。

*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 gởi điện sao (fax) đến chúng tôi theo số (202) 535-1663.*

## Home Purchase Assistance Program (HPAP) Eligibility Notification Letter

This two-page packet is unacceptable because:

- It is an approval to participate and does not provide proof of financial benefits being received by the enrolling person.



**NOTIFICATION OF ELIGIBILITY (NOE) FOR THE HOME PURCHASE ASSISTANCE PROGRAM ("HPAP")**

**The HPAP Program is funded by the D.C. Department of Housing and Community Development**

District of Columbia Housing Finance Agency ("DCHFA")
Single Family Programs
815 Florida Avenue, NW
Washington, DC 20001
Phone: (202) 777-1600; Email: SingleFamilyPrograms@dchfa.org

Date: August 21, 2019

Borrower(s): [redacted]
Address: [redacted]
Washington, DC 20020

We are pleased to notify you of your eligibility for a second trust loan under the District of Columbia's Home Purchase Assistance Program.

**Please note that the maximum first trust loan amount cannot exceed $453,100 for this program.**

1. **Your DC Home Purchase Assistance Program Second Trust Loan:**

   We have determined your eligibility based upon the following information provided on your application:
   Total Annual Household Income: $ 75,059.90
   Household Size: 3
   ***If there are any changes in income, debts or household size, please contact our office immediately. Failure to communicate changes in your status will affect your eligibility.***

   **Based upon the guidelines of the program, your second trust loan amount may not exceed $ 44,000.00. The maximum loan amount includes $4,000.00 for closing cost assistance.**

   ***The exact amount of your second trust loan will be determined after you have been approved for a first trust mortgage and you have contracted on a property. The HPAP loan will provide financing of the gap between the first trust mortgage you qualify for and the price of the property up to the maximum HPAP assistance indicated above.***

   **The provision of your second trust loan is contingent upon the availability of funds from the government of the District of Columbia.**

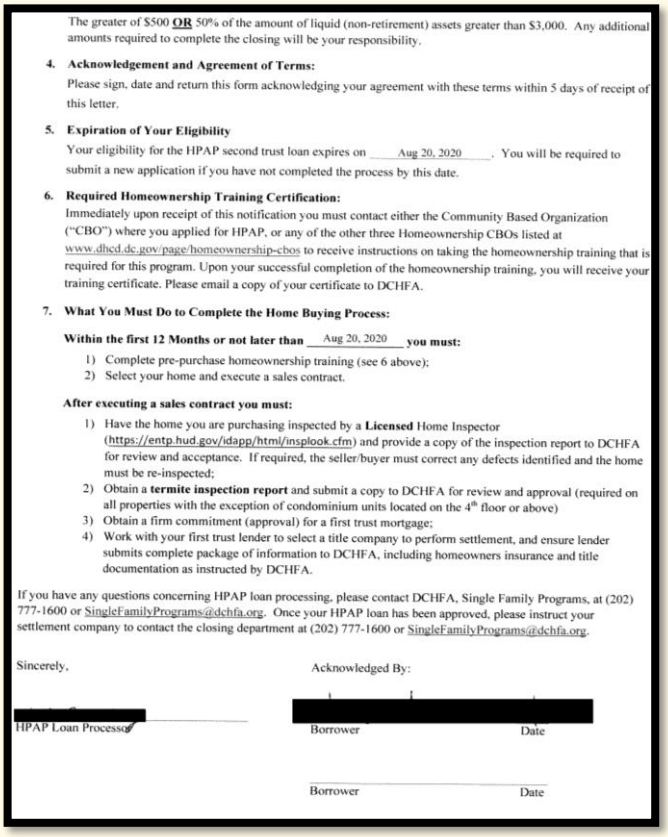
2. **Selecting Your Home:**

**This Notice of Eligibility DOES NOT IMPLY any mortgage loan approval or commitment to lend.**
Please work with your first trust lender on qualifying for a first trust mortgage loan amount and your home price affordability. The home purchase price you can afford will reflect the combination of the first trust loan and the HPAP second trust loan amounts.

Remember the HPAP program limits the maximum first trust loan amount to $484,350.

3. **Your Contribution to the Down Payment:**

**Under the HPAP program guidelines, the minimum you must contribute of your own funds as a down payment (including Earnest Money Deposit) on your home is:**



The greater of $500 **OR** 50% of the amount of liquid (non-retirement) assets greater than $3,000. Any additional amounts required to complete the closing will be your responsibility.

4. **Acknowledgement and Agreement of Terms:**
   Please sign, date and return this form acknowledging your agreement with these terms within 5 days of receipt of this letter.

5. **Expiration of Your Eligibility**
   Your eligibility for the HPAP second trust loan expires on Aug 20, 2020. You will be required to submit a new application if you have not completed the process by this date.

6. **Required Homeownership Training Certification:**
   Immediately upon receipt of this notification you must contact either the Community Based Organization ("CBO") where you applied for HPAP, or any of the other three Homeownership CBOs listed at www.dhcd.dc.gov/page/homeownership-cbos to receive instructions on taking the homeownership training that is required for this program. Upon your successful completion of the homeownership training, you will receive your training certificate. Please email a copy of your certificate to DCHFA.

7. **What You Must Do to Complete the Home Buying Process:**

   **Within the first 12 Months or not later than Aug 20, 2020 you must:**
   1) Complete pre-purchase homeownership training (see 6 above);
   2) Select your home and execute a sales contract.

   **After executing a sales contract you must:**
   1) Have the home you are purchasing inspected by a **Licensed** Home Inspector (https://entp.hud.gov/idapp/html/insplook.cfm) and provide a copy of the inspection report to DCHFA for review and acceptance. If required, the seller/buyer must correct any defects identified and the home must be re-inspected;
   2) Obtain a **termite inspection report** and submit a copy to DCHFA for review and approval (required on all properties with the exception of condominium units located on the 4th floor or above)
   3) Obtain a firm commitment (approval) for a first trust mortgage;
   4) Work with your first trust lender to select a title company to perform settlement, and ensure lender submits complete package of information to DCHFA, including homeowners insurance and title documentation as instructed by DCHFA.

If you have any questions concerning HPAP loan processing, please contact DCHFA, Single Family Programs, at (202) 777-1600 or SingleFamilyPrograms@dchfa.org. Once your HPAP loan has been approved, please instruct your settlement company to contact the closing department at (202) 777-1600 or SingleFamilyPrograms@dchfa.org.

Sincerely,

[redacted]
HPAP Loan Processor

Acknowledged By:

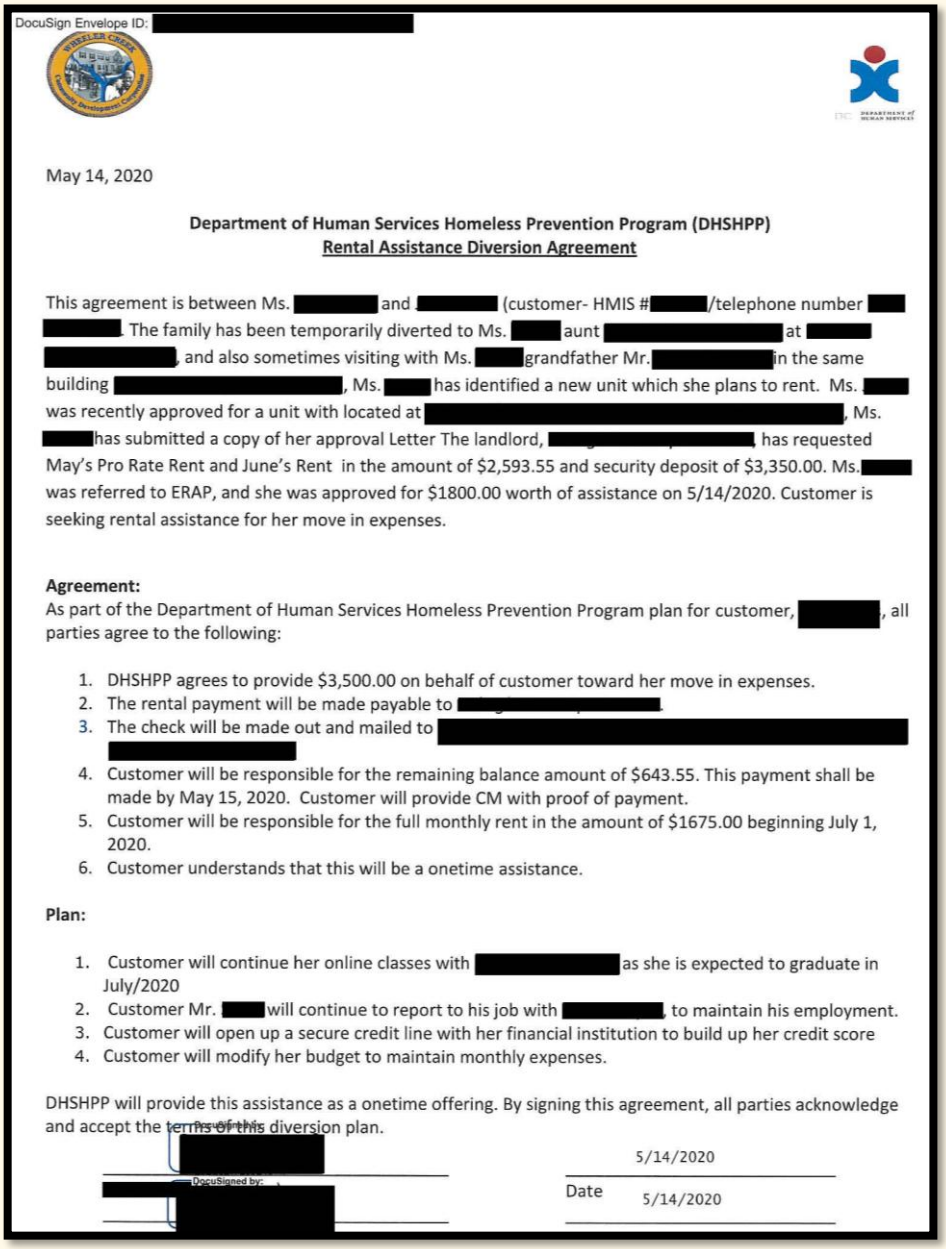
[redacted]
Borrower Date

Borrower Date

## Department of Human Services Homeless Prevention Program (DHSHPP) Agreement

This document is unacceptable because:

- This specific document is an approval for rental assistance for a residence in *another jurisdiction*; and
- The enrolling person would no longer be a DC resident.
- This document would be



DocuSign Envelope ID: [redacted]

May 14, 2020

**Department of Human Services Homeless Prevention Program (DHSHPP)**
**Rental Assistance Diversion Agreement**

This agreement is between Ms. [redacted] and [redacted] (customer- HMIS #[redacted]/telephone number [redacted]. The family has been temporarily diverted to Ms. [redacted] aunt [redacted] at [redacted], and also sometimes visiting with Ms. [redacted] grandfather Mr. [redacted] in the same building [redacted], Ms. [redacted] has identified a new unit which she plans to rent. Ms. [redacted] was recently approved for a unit with located at [redacted], Ms. [redacted] has submitted a copy of her approval Letter The landlord, [redacted], has requested May's Pro Rate Rent and June's Rent in the amount of $2,593.55 and security deposit of $3,350.00. Ms. [redacted] was referred to ERAP, and she was approved for $1800.00 worth of assistance on 5/14/2020. Customer is seeking rental assistance for her move in expenses.

**Agreement:**
As part of the Department of Human Services Homeless Prevention Program plan for customer, [redacted], all parties agree to the following:

1. DHSHPP agrees to provide $3,500.00 on behalf of customer toward her move in expenses.
2. The rental payment will be made payable to [redacted].
3. The check will be made out and mailed to [redacted]
4. Customer will be responsible for the remaining balance amount of $643.55. This payment shall be made by May 15, 2020. Customer will provide CM with proof of payment.
5. Customer will be responsible for the full monthly rent in the amount of $1675.00 beginning July 1, 2020.
6. Customer understands that this will be a onetime assistance.

**Plan:**

1. Customer will continue her online classes with [redacted] as she is expected to graduate in July/2020
2. Customer Mr. [redacted] will continue to report to his job with [redacted], to maintain his employment.
3. Customer will open up a secure credit line with her financial institution to build up her credit score
4. Customer will modify her budget to maintain monthly expenses.

DHSHPP will provide this assistance as a onetime offering. By signing this agreement, all parties acknowledge and accept the terms of this diversion plan.

[redacted]

DocuSigned by: [redacted]

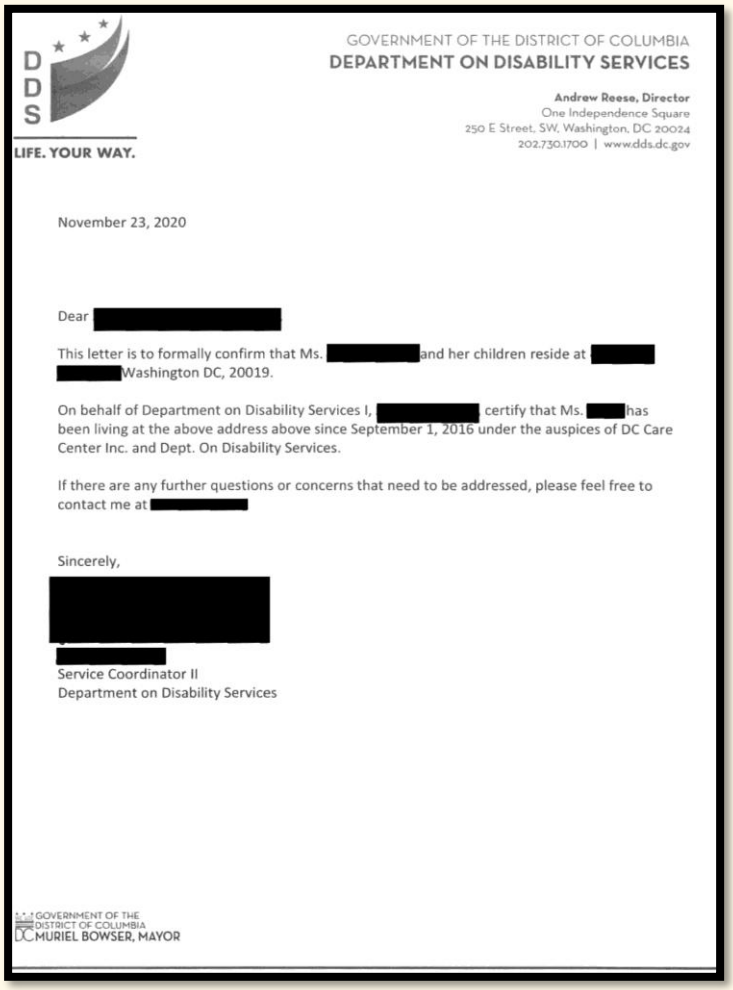
5/14/2020

Date 5/14/2020

## Department on Disability Services (DDS) Letter

This letter is unacceptable because:

- It does not provide proof of financial benefits provided by a DC Government agency or being received by the enrolling person.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

LIFE. YOUR WAY.

Andrew Reese, Director
One Independence Square
250 E Street, SW, Washington, DC 20024
202.730.1700 | www.dds.dc.gov

November 23, 2020

Dear [redacted]

This letter is to formally confirm that Ms. [redacted] and her children reside at [redacted] Washington DC, 20019.

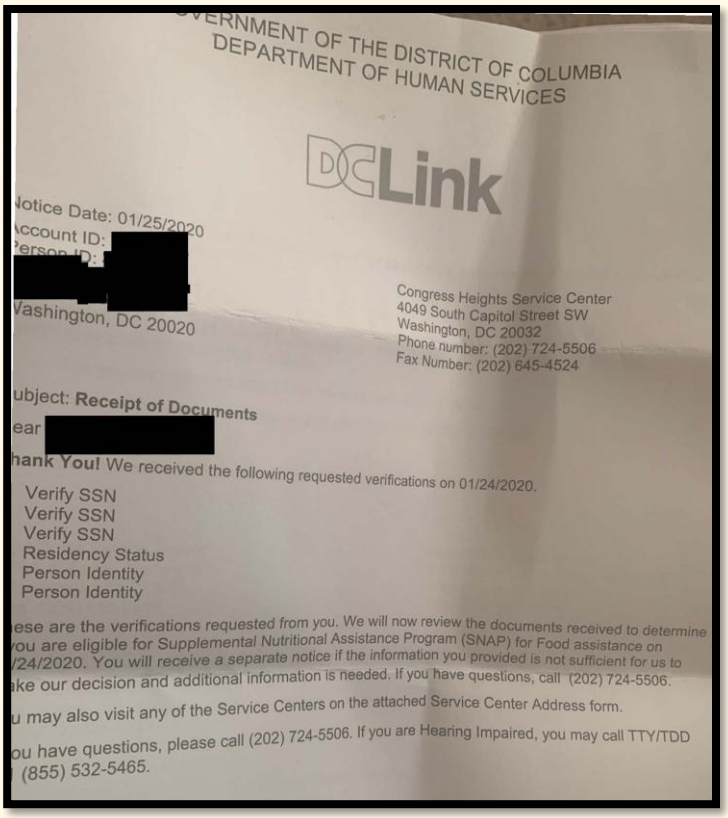
On behalf of Department on Disability Services I, [redacted] certify that Ms. [redacted] has been living at the above address above since September 1, 2016 under the auspices of DC Care Center Inc. and Dept. On Disability Services.

If there are any further questions or concerns that need to be addressed, please feel free to contact me at [redacted]

Sincerely,

[redacted]
Service Coordinator II
Department on Disability Services

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR



VERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES

DCLink

lotice Date: 01/25/2020
ccount ID: [redacted]
ashington, DC 20020

Congress Heights Service Center
4049 South Capitol Street SW
Washington, DC 20032
Phone number: (202) 724-5506
Fax Number: (202) 645-4524

ubject: **Receipt of Documents**
ear [redacted]
**hank You!** We received the following requested verifications on 01/24/2020.

Verify SSN
Verify SSN
Verify SSN
Residency Status
Person Identity
Person Identity

ese are the verifications requested from you. We will now review the documents received to determine
ou are eligible for Supplemental Nutritional Assistance Program (SNAP) for Food assistance on
/24/2020. You will receive a separate notice if the information you provided is not sufficient for us to
ke our decision and additional information is needed. If you have questions, call (202) 724-5506.

u may also visit any of the Service Centers on the attached Service Center Address form.

ou have questions, please call (202) 724-5506. If you are Hearing Impaired, you may call TTY/TDD
(855) 532-5465.

## DC Link Verification Request

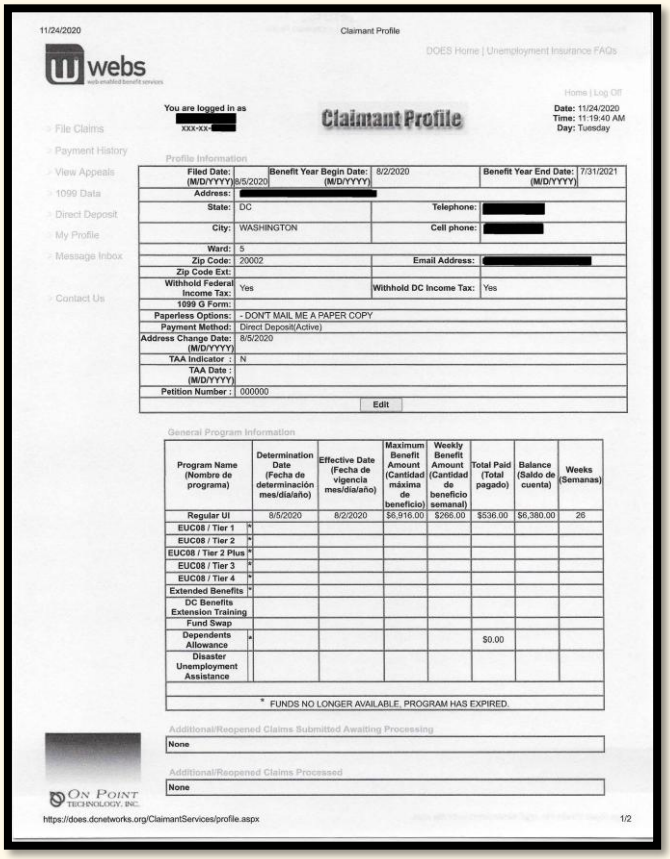
This letter is unacceptable because:

- It is confirming the receipt of documents and does not provide proof of financial benefits being received by the enrolling person.

## Department of Employment Services (DOES) Claimant Profile

This two-page document is unacceptable because:

- It does not meet the specific requirements for Unemployment Insurance Benefits documents, as outlined in the OER Handbook:
  - The enrolling person must present their Monetary Determination Letter
  - The enrolling person must present a paystub dated 60 days preceding the mail date on the Monetary Determination Letter
  - The paystub must show DC withholding amount greater than zero for both the current tax year and current pay period.



11/24/2020 Claimant Profile

webs

DOES Home | Unemployment Insurance FAQs

Home | Log Off

You are logged in as [redacted] xxx-xx-[redacted]

Claimant Profile

Date: 11/24/2020
Time: 11:19:40 AM
Day: Tuesday

File Claims
Payment History
View Appeals
1099 Data
Direct Deposit
My Profile
Message Inbox
Contact Us

Profile Information

| | | | |
|---|---|---|---|
| Filed Date: (M/D/YYYY) | 8/5/2020 | Benefit Year Begin Date: (M/D/YYYY) | 8/2/2020 |
| Benefit Year End Date: (M/D/YYYY) | 7/31/2021 | | |
| Address: | [redacted] | | |
| State: | DC | Telephone: | [redacted] |
| City: | WASHINGTON | Cell phone: | [redacted] |
| Ward: | 5 | | |
| Zip Code: | 20002 | Email Address: | [redacted] |
| Zip Code Ext: | | | |
| Withhold Federal Income Tax: | Yes | Withhold DC Income Tax: | Yes |
| 1099 G Form: | | | |
| Paperless Options: | - DONT MAIL ME A PAPER COPY | | |
| Payment Method: | Direct Deposit(Active) | | |
| Address Change Date: (M/D/YYYY) | 8/5/2020 | | |
| TAA Indicator : | N | | |
| TAA Date : (M/D/YYYY) | | | |
| Petition Number : | 000000 | | |

Edit

General Program Information

| Program Name (Nombre de programa) | | Determination Date (Fecha de determinación mes/día/año) | Effective Date (Fecha de vigencia mes/día/año) | Maximum Benefit Amount (Cantidad máxima de beneficio) | Weekly Benefit Amount (Cantidad de beneficio semanal) | Total Paid (Total pagado) | Balance (Saldo de cuenta) | Weeks (Semanas) |
|---|---|---|---|---|---|---|---|---|
| Regular UI | | 8/5/2020 | 8/2/2020 | $6,916.00 | $266.00 | $536.00 | $6,380.00 | 26 |
| EUC08 / Tier 1 | * | | | | | | | |
| EUC08 / Tier 2 | * | | | | | | | |
| EUC08 / Tier 2 Plus | * | | | | | | | |
| EUC08 / Tier 3 | * | | | | | | | |
| EUC08 / Tier 4 | * | | | | | | | |
| Extended Benefits | * | | | | | | | |
| DC Benefits Extension Training | | | | | | | | |
| Fund Swap | | | | | | | | |
| Dependents Allowance | ▲ | | | | | $0.00 | | |
| Disaster Unemployment Assistance | | | | | | | | |

* FUNDS NO LONGER AVAILABLE, PROGRAM HAS EXPIRED.

Additional/Reopened Claims Submitted Awaiting Processing

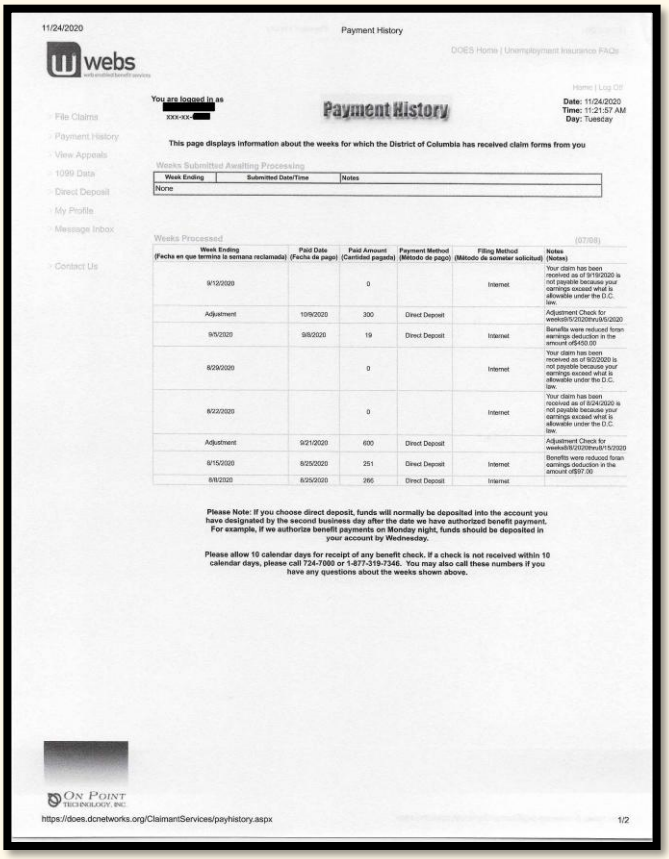
None

Additional/Reopened Claims Processed

None

On Point Technology, Inc.

https://does.dcnetworks.org/ClaimantServices/profile.aspx 1/2



11/24/2020 Payment History

webs

DOES Home | Unemployment Insurance FAQs

Home | Log Off

You are logged in as [redacted] xxx-xx-[redacted]

Payment History

Date: 11/24/2020
Time: 11:21:57 AM
Day: Tuesday

File Claims
Payment History
View Appeals
1099 Data
Direct Deposit
My Profile
Message Inbox
Contact Us

This page displays information about the weeks for which the District of Columbia has received claim forms from you

Weeks Submitted Awaiting Processing

| Week Ending | Submitted Date/Time | Notes |
|---|---|---|
| None | | |

Weeks Processed (07/08)

| Week Ending (Fecha en que termina la semana reclamada) | Paid Date (Fecha de pago) | Paid Amount (Cantidad pagada) | Payment Method (Método de pago) | Filing Method (Método de someter solicitud) | Notes (Notes) |
|---|---|---|---|---|---|
| 9/12/2020 | | 0 | | Internet | Your claim has been received as of 9/19/2020 is not payable because your earnings exceed what is allowable under the D.C. law. |
| Adjustment | 10/9/2020 | 300 | Direct Deposit | | Adjustment Check for weeks9/5/2020thru9/5/2020 |
| 9/5/2020 | 9/8/2020 | 19 | Direct Deposit | Internet | Benefits were reduced foran earnings deduction in the amount of$450.00 |
| 8/29/2020 | | 0 | | Internet | Your claim has been received as of 9/2/2020 is not payable because your earnings exceed what is allowable under the D.C. law. |
| 8/22/2020 | | 0 | | Internet | Your claim has been received as of 8/24/2020 is not payable because your earnings exceed what is allowable under the D.C. law. |
| Adjustment | 9/21/2020 | 600 | Direct Deposit | | Adjustment Check for weeks8/8/2020thru8/15/2020 |
| 8/15/2020 | 8/25/2020 | 251 | Direct Deposit | Internet | Benefits were reduced foran earnings deduction in the amount of$97.00 |
| 8/8/2020 | 8/25/2020 | 266 | Direct Deposit | Internet | |

Please Note: If you choose direct deposit, funds will normally be deposited into the account you have designated by the second business day after the date we have authorized benefit payment. For example, if we authorize benefit payments on Monday night, funds should be deposited in your account by Wednesday.

Please allow 10 calendar days for receipt of any benefit check. If a check is not received within 10 calendar days, please call 724-7000 or 1-877-319-7346. You may also call these numbers if you have any questions about the weeks shown above.

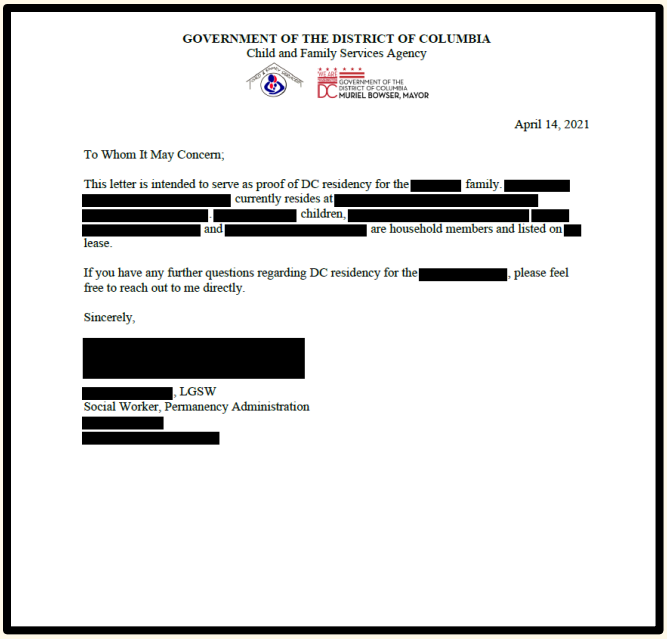
On Point Technology, Inc.

https://does.dcnetworks.org/ClaimantServices/payhistory.aspx 1/2

## Child and Family Services Agency (CFSA) Letter

This letter is unacceptable because:

- It does not provide proof of financial benefits being received by the enrolling person.
- A letter from a DC government agency only stating the residential address is not acceptable.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

April 14, 2021

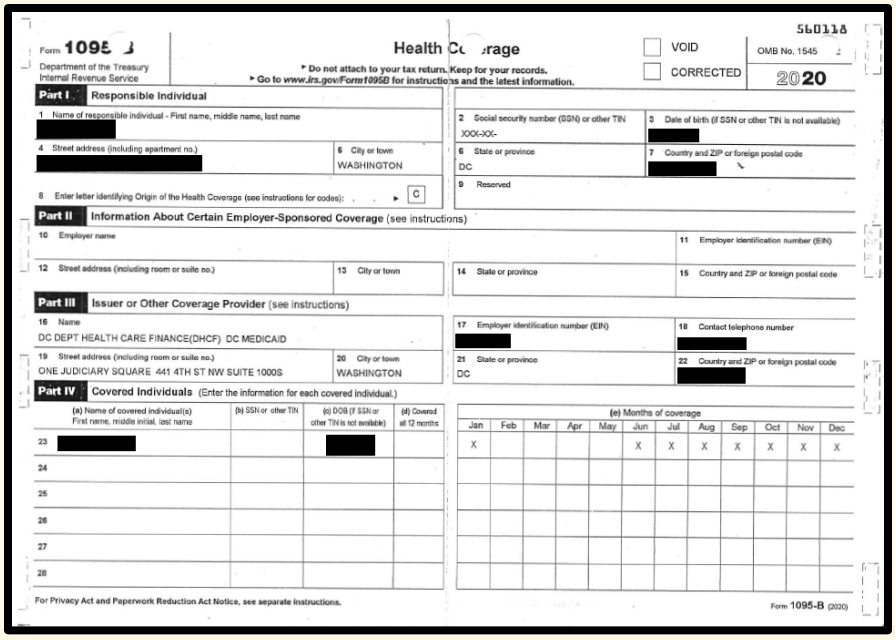
To Whom It May Concern;

This letter is intended to serve as proof of DC residency for the [redacted] family. [redacted] currently resides at [redacted] children, [redacted] and [redacted] are household members and listed on [redacted] lease.

If you have any further questions regarding DC residency for the [redacted], please feel free to reach out to me directly.

Sincerely,

[redacted]
[redacted], LGSW
Social Worker, Permanency Administration
[redacted]



Form 1095-B
Department of the Treasury
Internal Revenue Service

Health Coverage

▸ Do not attach to your tax return. Keep for your records.
▸ Go to www.irs.gov/Form1095B for instructions and the latest information.

560118

VOID
CORRECTED

OMB No. 1545
2020

**Part I** Responsible Individual

1 Name of responsible individual - First name, middle name, last name
[redacted]

2 Social security number (SSN) or other TIN
XXX-XX-

3 Date of birth (if SSN or other TIN is not available)
[redacted]

4 Street address (including apartment no.)
[redacted]

5 City or town
WASHINGTON

6 State or province
DC

7 Country and ZIP or foreign postal code
[redacted]

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): C

9 Reserved

**Part II** Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name

11 Employer identification number (EIN)

12 Street address (including room or suite no.)

13 City or town

14 State or province

15 Country and ZIP or foreign postal code

**Part III** Issuer or Other Coverage Provider (see instructions)

16 Name
DC DEPT HEALTH CARE FINANCE(DHCF) DC MEDICAID

17 Employer identification number (EIN)
[redacted]

18 Contact telephone number
[redacted]

19 Street address (including room or suite no.)
ONE JUDICIARY SQUARE 441 4TH ST NW SUITE 1000S

20 City or town
WASHINGTON

21 State or province
DC

22 Country and ZIP or foreign postal code
[redacted]

**Part IV** Covered Individuals (Enter the information for each covered individual.)

| | (a) Name of covered individual(s) First name, middle initial, last name | (b) SSN or other TIN | (c) DOB (if SSN or other TIN is not available) | (d) Covered all 12 months | (e) Months of coverage Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23 | [redacted] | | [redacted] | | X | | | | | X | X | X | X | X | X | X |
| 24 | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 1095-B (2020)

## 1095-B Health Coverage

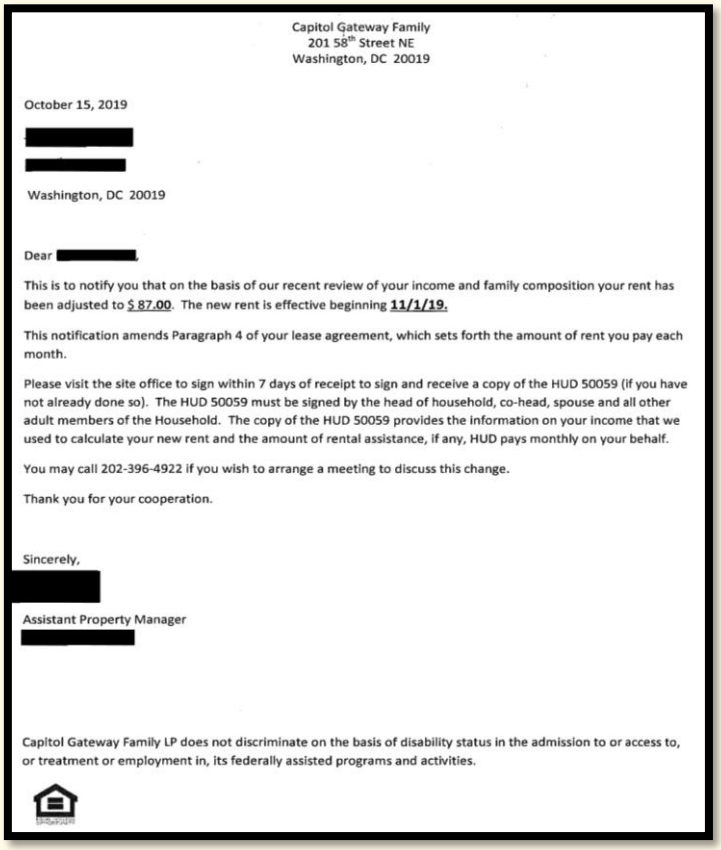
This letter is unacceptable because:

- It does not provide proof of current financial benefits being received by the enrolling person, only prior year.

## US Department of Housing and Urban Development (HUD) Letter and Certification

This three-page packet is unacceptable because:

- This financial assistance is not distributed or facilitated through a DC Government agency.



Capitol Gateway Family
201 58th Street NE
Washington, DC 20019

October 15, 2019

[redacted]

Washington, DC 20019

Dear [redacted],

This is to notify you that on the basis of our recent review of your income and family composition your rent has been adjusted to $ 87.00. The new rent is effective beginning 11/1/19.

This notification amends Paragraph 4 of your lease agreement, which sets forth the amount of rent you pay each month.

Please visit the site office to sign within 7 days of receipt to sign and receive a copy of the HUD 50059 (if you have not already done so). The HUD 50059 must be signed by the head of household, co-head, spouse and all other adult members of the Household. The copy of the HUD 50059 provides the information on your income that we used to calculate your new rent and the amount of rental assistance, if any, HUD pays monthly on your behalf.

You may call 202-396-4922 if you wish to arrange a meeting to discuss this change.

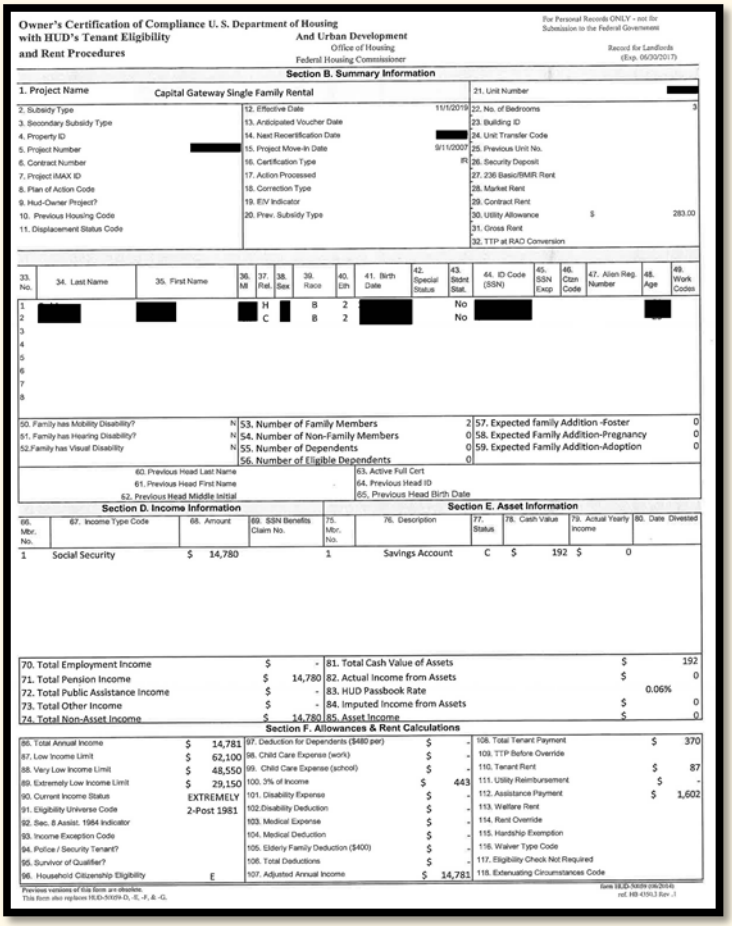
Thank you for your cooperation.

Sincerely,

[redacted]

Assistant Property Manager
[redacted]

Capitol Gateway Family LP does not discriminate on the basis of disability status in the admission to or access to, or treatment or employment in, its federally assisted programs and activities.



Owner's Certification of Compliance U. S. Department of Housing and Urban Development
with HUD's Tenant Eligibility and Rent Procedures
Office of Housing
Federal Housing Commissioner
Record for Landlords (Exp. 06/30/2017)

**Section B. Summary Information**

| | | | |
|---|---|---|---|
| 1. Project Name | Capital Gateway Single Family Rental | 21. Unit Number | [redacted] |
| 2. Subsidy Type | | 12. Effective Date | 11/1/2019 |
| 3. Secondary Subsidy Type | | 13. Anticipated Voucher Date | |
| 4. Property ID | | 14. Next Recertification Date | [redacted] |
| 5. Project Number | [redacted] | 15. Project Move-In Date | 9/11/2007 |
| 6. Contract Number | | 16. Certification Type | IR |
| 7. Project iMAX ID | | 17. Action Processed | |
| 8. Plan of Action Code | | 18. Correction Type | |
| 9. Hud-Owner Project? | | 19. EIV Indicator | |
| 10. Previous Housing Code | | 20. Prev. Subsidy Type | |
| 11. Displacement Status Code | | | |
| | | 22. No. of Bedrooms | 3 |
| | | 23. Building ID | |
| | | 24. Unit Transfer Code | |
| | | 25. Previous Unit No. | |
| | | 26. Security Deposit | $ 283.00 |
| | | 27. 236 Basic/BMIR Rent | |
| | | 28. Market Rent | |
| | | 29. Contract Rent | |
| | | 30. Utility Allowance | |
| | | 31. Gross Rent | |
| | | 32. TTP at RAD Conversion | |

| 33. No. | 34. Last Name | 35. First Name | 36. MI | 37. Rel. | 38. Sex | 39. Race | 40. Eth | 41. Birth Date | 42. Special Status | 43. Stdnt Stat. | 44. ID Code (SSN) | 45. SSN Exp | 46. Ctzn Code | 47. Alien Reg. Number | 48. Age | 49. Work Codes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | [redacted] | [redacted] | [redacted] | H | [redacted] | B | 2 | [redacted] | | No | [redacted] | | | | [redacted] | |
| 2 | | | | C | | B | 2 | | | No | | | | | | |
| 3 | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | |

| | | | |
|---|---|---|---|
| 50. Family has Mobility Disability? | N | 53. Number of Family Members | 2 |
| 51. Family has Hearing Disability? | N | 54. Number of Non-Family Members | 0 |
| 52.Family has Visual Disability | N | 55. Number of Dependents | 0 |
| | | 56. Number of Eligible Dependents | 0 |
| | | 57. Expected family Addition -Foster | 0 |
| | | 58. Expected Family Addition-Pregnancy | 0 |
| | | 59. Expected Family Addition-Adoption | 0 |

60. Previous Head Last Name
61. Previous Head First Name
62. Previous Head Middle Initial
63. Active Full Cert
64. Previous Head ID
65. Previous Head Birth Date

**Section D. Income Information**

| 66. Mbr. No. | 67. Income Type Code | 68. Amount | 69. SSN Benefits Claim No. |
|---|---|---|---|
| 1 | Social Security | $ 14,780 | |

**Section E. Asset Information**

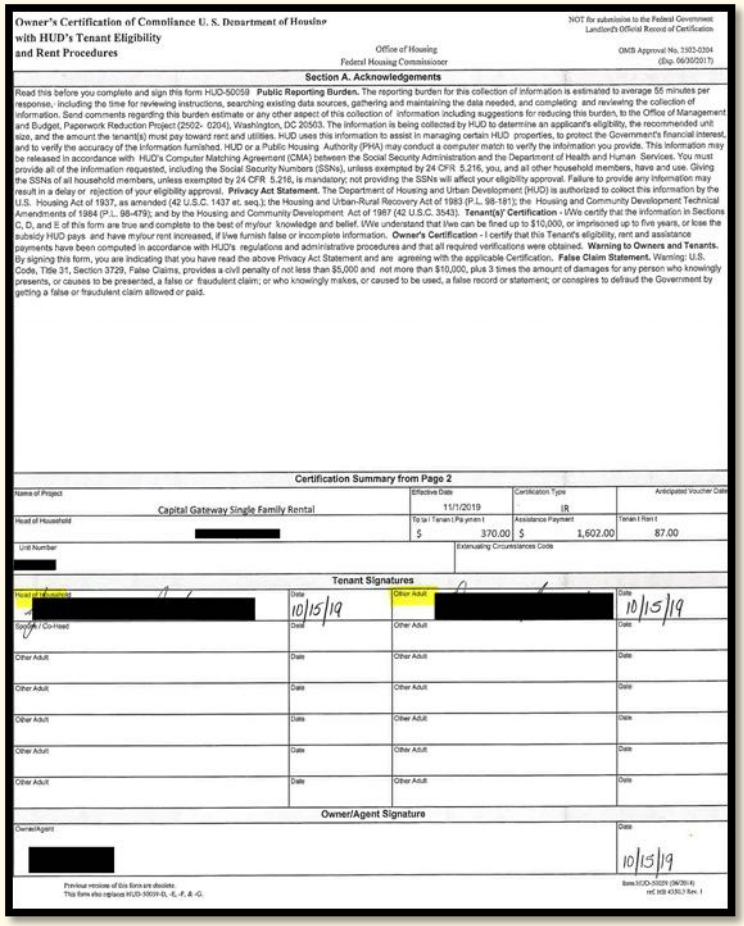
| 75. Mbr. No. | 76. Description | 77. Status | 78. Cash Value | 79. Actual Yearly Income | 80. Date Divested |
|---|---|---|---|---|---|
| 1 | Savings Account | C | $ 192 | $ 0 | |

| | | | |
|---|---|---|---|
| 70. Total Employment Income | $ - | 81. Total Cash Value of Assets | $ 192 |
| 71. Total Pension Income | $ 14,780 | 82. Actual Income from Assets | $ 0 |
| 72. Total Public Assistance Income | $ - | 83. HUD Passbook Rate | 0.06% |
| 73. Total Other Income | $ - | 84. Imputed Income from Assets | $ 0 |
| 74. Total Non-Asset Income | $ 14,780 | 85. Asset Income | $ 0 |

**Section F. Allowances & Rent Calculations**

| | | | | | |
|---|---|---|---|---|---|
| 86. Total Annual Income | $ 14,781 | 97. Deduction for Dependents ($480 per) | $ - | 108. Total Tenant Payment | $ 370 |
| 87. Low Income Limit | $ 62,100 | 98. Child Care Expense (work) | $ - | 109. TTP Before Override | |
| 88. Very Low Income Limit | $ 48,550 | 99. Child Care Expense (school) | $ - | 110. Tenant Rent | $ 87 |
| 89. Extremely Low Income Limit | $ 29,150 | 100. 3% of Income | $ 443 | 111. Utility Reimbursement | $ - |
| 90. Current Income Status | EXTREMELY | 101. Disability Expense | $ - | 112. Assistance Payment | $ 1,602 |
| 91. Eligibility Universe Code | 2-Post 1981 | 102.Disability Deduction | $ - | 113. Welfare Rent | |
| 92. Sec. 8 Assist. 1984 Indicator | | 103. Medical Expense | $ - | 114. Rent Override | |
| 93. Income Exception Code | | 104. Medical Deduction | $ - | 115. Hardship Exemption | |
| 94. Police / Security Tenant? | | 105. Elderly Family Deduction ($400) | $ - | 116. Waiver Type Code | |
| 95. Survivor of Qualifier? | | 106. Total Deductions | $ - | 117. Eligibility Check Not Required | |
| 96. Household Citizenship Eligibility | E | 107. Adjusted Annual Income | $ 14,781 | 118. Extenuating Circumstances Code | |

Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G.
form HUD-50059 (06/2014)
ref. HB 4350.3 Rev .1



Owner's Certification of Compliance U. S. Department of Housing and Urban Development
with HUD's Tenant Eligibility and Rent Procedures
Office of Housing
Federal Housing Commissioner
NOT for submission to the Federal Government
Landlord's Official Record of Certification
OMB Approval No. 2502-0204 (Exp. 06/30/2017)

**Section A. Acknowledgements**

Read this before you complete and sign this form HUD-50059 **Public Reporting Burden.** The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502- 0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval. **Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). **Tenant(s)' Certification** - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to $10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information. **Owner's Certification** - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained. **Warning to Owners and Tenants.** By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification. **False Claim Statement.** Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

**Certification Summary from Page 2**

| Name of Project | Effective Date | Certification Type | Anticipated Voucher Date |
|---|---|---|---|
| Capital Gateway Single Family Rental | 11/1/2019 | IR | |
| **Head of Household** | **Total Tenant Payment** | **Assistance Payment** | **Tenant Rent** |
| [redacted] | $ 370.00 | $ 1,602.00 | 87.00 |
| **Unit Number** | **Extenuating Circumstances Code** | | |
| [redacted] | | | |

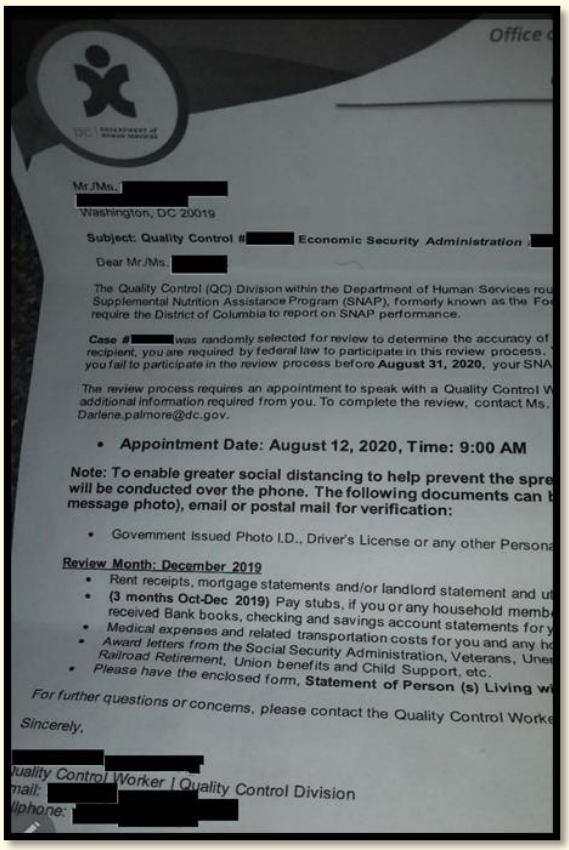
**Tenant Signatures**

| | | | |
|---|---|---|---|
| Head of Household: [redacted] | Date: 10/15/19 | Other Adult: [redacted] | Date: 10/15/19 |
| Spouse / Co-Head | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |

**Owner/Agent Signature**

| | |
|---|---|
| Owner/Agent: [redacted] | Date: 10/15/19 |

Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G.
form HUD-50059 (06/2014)
ref. HB 4350.3 Rev. 1



Mr./Ms.: [redacted]
Washington, DC 20019

**Subject: Quality Control #[redacted] Economic Security Administration**

Dear Mr./Ms. [redacted]

The Quality Control (QC) Division within the Department of Human Services rou
Supplemental Nutrition Assistance Program (SNAP), formerly known as the Fo
require the District of Columbia to report on SNAP performance.

*Case #[redacted] was randomly selected for review to determine the accuracy of*
*recipient, you are required by federal law to participate in this review process.*
*you fail to participate in the review process before* **August 31, 2020**, your SNA

*The review process requires an appointment to speak with a Quality Control W*
*additional information required from you. To complete the review, contact Ms.*
*Darlene.palmore@dc.gov.*

- **Appointment Date: August 12, 2020, Time: 9:00 AM**

**Note: To enable greater social distancing to help prevent the spre**
**will be conducted over the phone. The following documents can b**
**message photo), email or postal mail for verification:**

- Government Issued Photo I.D., Driver's License or any other Persona

**Review Month: December 2019**

- Rent receipts, mortgage statements and/or landlord statement and ut
- **(3 months Oct-Dec 2019)** Pay stubs, if you or any household memb
received Bank books, checking and savings account statements for y
- *Medical expenses and related transportation costs for you and any ho*
- *Award letters from the Social Security Administration, Veterans, Une*
*Railroad Retirement, Union benefits and Child Support, etc.*
- *Please have the enclosed form,* **Statement of Person (s) Living wi**

*For further questions or concerns, please contact the Quality Control Worke*

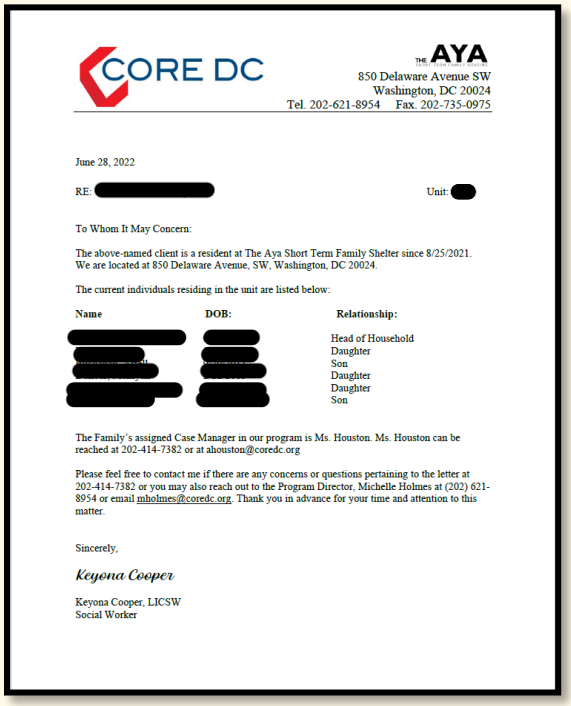
*Sincerely,*

[redacted]
*uality Control Worker | Quality Control Division*
*mail:* [redacted]
*lphone:* [redacted]

## DHS Quality Control Division

This letter is unacceptable because:

- It does not provide proof of financial benefits being received by the enrolling person.
- Essential information in the document is cut-off and current receipt of benefits cannot be confirmed.



CORE DC

THE AYA
850 Delaware Avenue SW
Washington, DC 20024
Tel. 202-621-8954 Fax. 202-735-0975

June 28, 2022

RE: [redacted] Unit: [redacted]

To Whom It May Concern:

The above-named client is a resident at The Aya Short Term Family Shelter since 8/25/2021. We are located at 850 Delaware Avenue, SW, Washington, DC 20024.

The current individuals residing in the unit are listed below:

| Name | DOB: | Relationship: |
|---|---|---|
| [redacted] | [redacted] | Head of Household |
| [redacted] | [redacted] | Daughter |
| [redacted] | [redacted] | Son |
| [redacted] | [redacted] | Daughter |
| [redacted] | [redacted] | Daughter |
| [redacted] | [redacted] | Son |

The Family's assigned Case Manager in our program is Ms. Houston. Ms. Houston can be reached at 202-414-7382 or at ahouston@coredc.org

Please feel free to contact me if there are any concerns or questions pertaining to the letter at 202-414-7382 or you may also reach out to the Program Director, Michelle Holmes at (202) 621-8954 or email mholmes@coredc.org. Thank you in advance for your time and attention to this matter.

Sincerely,

*Keyona Cooper*

Keyona Cooper, LICSW
Social Worker

## CORE DC Short-term Housing Letter

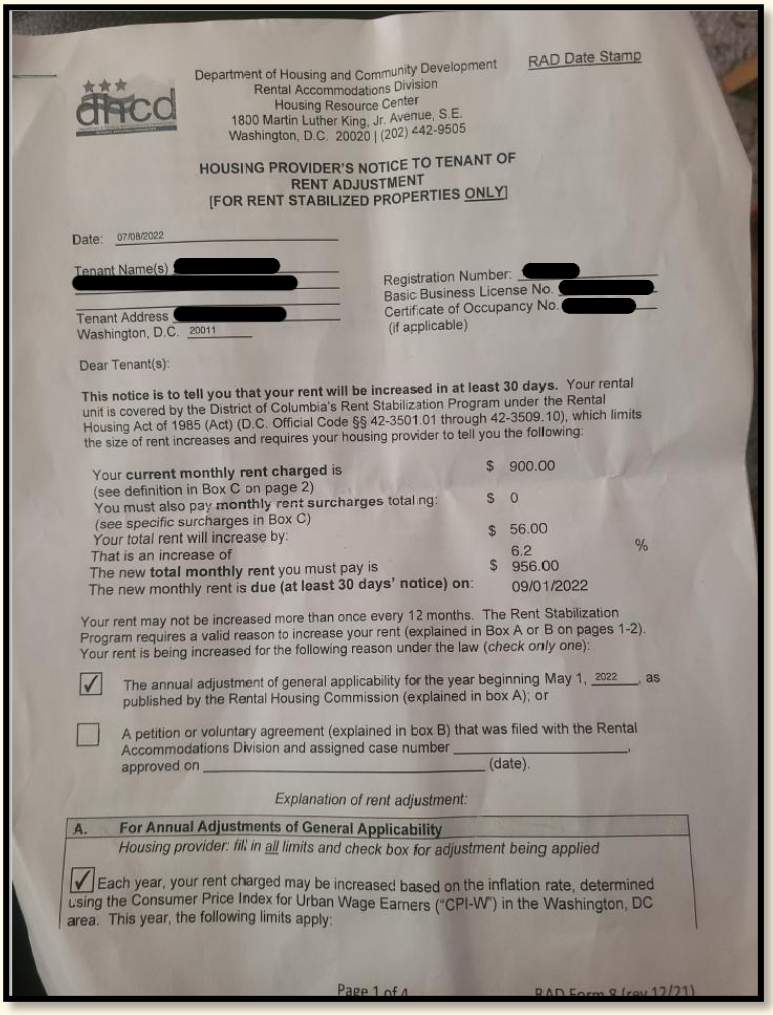
This letter is unacceptable because:

- It does not provide proof of financial benefits being received by the enrolling person.
- It is a housing support program but is not administered by a DC government agency.

## Department of Housing and Community Development (DHCD) Rent Adjustment for Rent Stabilized Properties

This letter is unacceptable because:

- It is not proof of a financial assistance program.



Department of Housing and Community Development
Rental Accommodations Division
Housing Resource Center
1800 Martin Luther King, Jr. Avenue, S.E.
Washington, D.C. 20020 | (202) 442-9505

RAD Date Stamp

**HOUSING PROVIDER'S NOTICE TO TENANT OF RENT ADJUSTMENT [FOR RENT STABILIZED PROPERTIES ONLY]**

Date: 07/08/2022

Tenant Name(s): [redacted]

Tenant Address: [redacted]
Washington, D.C. 20011

Registration Number: [redacted]
Basic Business License No. [redacted]
Certificate of Occupancy No. [redacted]
(if applicable)

Dear Tenant(s):

**This notice is to tell you that your rent will be increased in at least 30 days.** Your rental unit is covered by the District of Columbia's Rent Stabilization Program under the Rental Housing Act of 1985 (Act) (D.C. Official Code §§ 42-3501.01 through 42-3509.10), which limits the size of rent increases and requires your housing provider to tell you the following:

| | | |
|---|---|---|
| Your **current monthly rent charged** is (see definition in Box C on page 2) | $ 900.00 | |
| You must also pay **monthly rent surcharges** totaling: (see specific surcharges in Box C) | $ 0 | |
| *Your total* rent will increase by: | $ 56.00 | |
| That is an increase of | 6.2 | % |
| The new **total monthly rent** you must pay is | $ 956.00 | |
| The new monthly rent is **due (at least 30 days' notice) on:** | 09/01/2022 | |

Your rent may not be increased more than once every 12 months. The Rent Stabilization Program requires a valid reason to increase your rent (explained in Box A or B on pages 1-2). Your rent is being increased for the following reason under the law (*check only one*):

☑ The annual adjustment of general applicability for the year beginning May 1, 2022, as published by the Rental Housing Commission (explained in box A); or

☐ A petition or voluntary agreement (explained in box B) that was filed with the Rental Accommodations Division and assigned case number _____, approved on _____ (date).

*Explanation of rent adjustment:*

**A. For Annual Adjustments of General Applicability**

*Housing provider: fill in all limits and check box for adjustment being applied*

☑ Each year, your rent charged may be increased based on the inflation rate, determined using the Consumer Price Index for Urban Wage Earners ("CPI-W") in the Washington, DC area. This year, the following limits apply:

Page 1 of 4 RAD Form 8 (rev 12/21)