



2020-21 School Year Residency Verification Training for CBOs

July 17, 2020

Agenda

- Office of Enrollment and Residency
- Residency Requirements
 - Residency eligibility
 - Residency verification forms
 - Residency Verification for Students in Subsidized Child Care
 - Supporting Residency Documentation (Non-subsidy Participants in the PKEEP)
 - Enrollment Guidance in Response to COVID19
 - Enrollment audit – binder preparation
 - Residency records retention requirements
- Q + A

Objectives

At the end of this training, you should understand the following:

- What it means to be a bona fide resident and the documentation required.
- The importance of collecting residency documentation.
- The requirements for collecting residency documentation.
- The repercussions to the family and Community Based Organization of enrolling ineligible non-resident students.
- The required documents for Pre-K Enhancement and Expansion Program students that receive subsidy versus those that do not receive subsidy



Office of Enrollment and Residency

Office of Enrollment and Residency (OER)

Enrollment Audit

- OER plans, conducts and provides to the DC Council a written report on the District of Columbia's annual enrollment audit.
- Takes place each year between October and December.
- School year-specific handbooks are disseminated to OSSE's external partners on an annual basis each summer.

Residency Verification

- OER provides guidance and training to LEAs, CBOs, and schools on issues pertaining to establishing and verifying residency.
- Develops and disseminates the District of Columbia's official residency verification forms.
- Monitors LEAs/CBOs/schools for compliance with all applicable residency verification laws and rules.

Non-residency Investigations

- OER investigates issues of non-residency and makes findings.
- Tips are received through OSSE's phone hotline or website, or through the enrollment audit.
- Non-residents found to be attending a DC public school without a tuition agreement in place may be excluded from school, may owe tuition based on the educational services received as a non-resident, and can be referred to other DC agencies for further investigation.

Non-resident Tuition Collection

- OER is responsible for executing and managing tuition agreements for non-resident adults, or parents/guardians or caregivers of minor, non-resident students that are eligible to attend a District public school.
- Schools that enroll non-resident students are not provided the tuition or Uniform Per Student Funding Formula (UPSFF) funds for that non-resident student.



Residency Requirements

Importance of residency verification



Ensures DC residents have access to the Pre-K Enhancement and Expansion Program high-quality pre-K education services



Ensures CBOs are funded appropriately for the DC resident students they serve.



Informs persons of the requirements and repercussions of enrolling an ineligible non-resident student.



Residency Eligibility

The enrolling person must be a *bona fide* District resident.



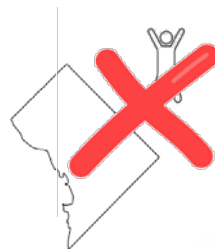
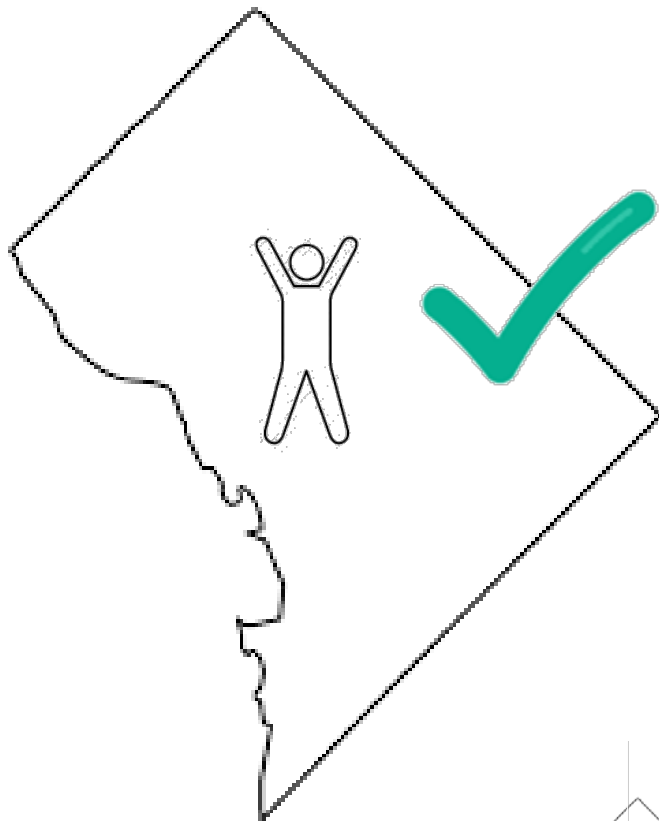
The enrolling person must be *eligible* to enroll the student.



Residency Requirements for Enrolling Person

In order to Pre-K Enhancement and Expansion Program (PKEEP), the enrolling person must both be a bona fide District resident and eligible to enroll the student.

If both are not true, then the student is not eligible to be enrolled through PKEEP.



What is a bona fide resident?

A bona fide resident is someone who is *physically present in* the District.

Exception - students experiencing homelessness, and DC students in foster care but housed in another state.

In addition, they also need to provide valid supporting documentation to support their claim of residency.

Exceptions – students receiving subsidized child care

Parent

Guardian

Custodian

Other Primary
Caregiver (OPC)

Who is eligible to enroll a student?

Eligibility to enroll a student is limited to the parent, guardian, custodian, and other primary caregiver (OPC).

Only *one* parent, guardian, custodian is required to be a DC resident for the student to attend a District public school.



See 5-A DCMR § 5000 *et seq.* for more information on residency regulations.

Parent

Guardian

Custodian

Other Primary
Caregiver (OPC)

Who is a parent?

Any parent or step parent, including an incarcerated parent, who has physical and/or legal custody of the student.

The parent must be a bona fide resident.



See 5-A DCMR § 5000 *et seq.* for more information on residency regulations.

Parent

Guardian

Custodian

Other Primary
Caregiver (OPC)

Who is a Guardian?

Must be an appointed legal guardian of a student by a court of competent jurisdiction.

The guardian must be a bona fide resident.

Power of attorney is not sufficient evidence.



See 5-A DCMR § 5000 *et seq.* for more information on residency regulations.

Parent

Guardian

Custodian

Other Primary
Caregiver (OPC)

Who is a Custodian?

Must be a person who has physical custody granted by a court of competent jurisdiction.

The custodian must be a bona fide resident.



See 5-A DCMR § 5000 *et seq.* for more information on residency regulations.

Parent

Guardian

Custodian

Other Primary
Caregiver (OPC)

Who is an Other Primary Caregiver?

A person other than the parent, guardian, or custodian who provides care, control, and support because the student's parents, guardians, or custodian are unable to provide care, control and support due to a **serious family hardship**.

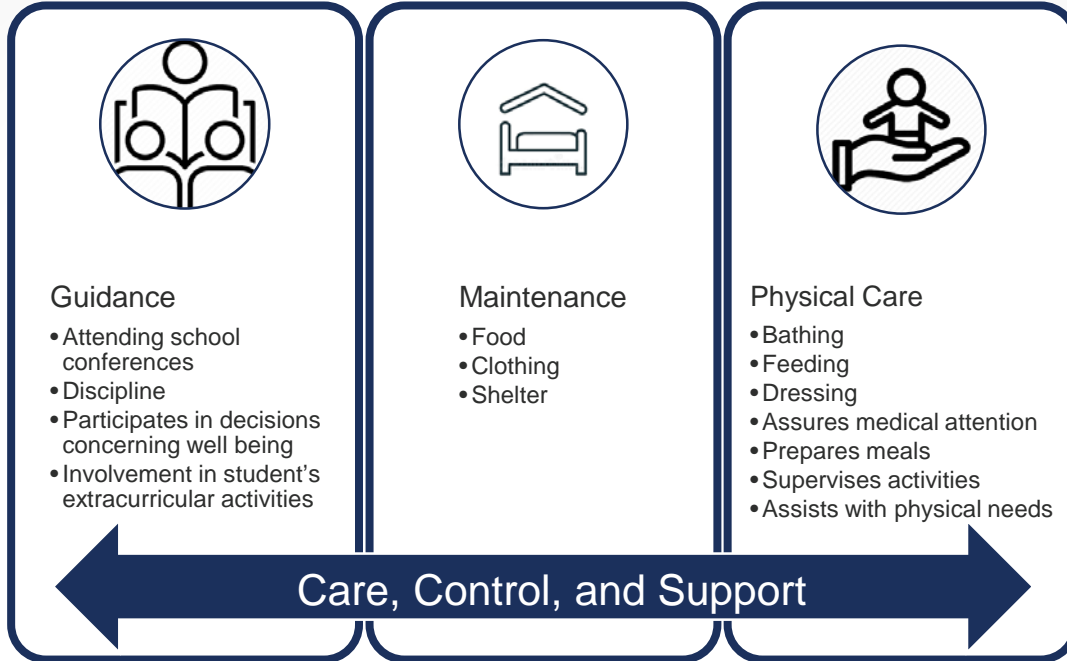
The OPC must be a bona fide resident *and* the student must reside with them.

Power of attorney is not sufficient evidence.



See 5-A DCMR § 5000 *et seq.* for more information on residency regulations.

The OPC provides the following:



And

The student's parents, guardians, custodians suffer from serious family hardship:

Death
Incarceration
Serious illness
Abuse or neglect

Active military assignment
Drug addiction
Loss of habitability
Abandonment



See 5-A DCMR § 5000 *et seq.* for more information on other primary caregiver.

Eligibility of Other Primary Caregiver (OPC)

In order for a person to act as an OPC, the following must be true:

- The OPC provides care, control, and support for the student.
- The OPC is a bona fide DC resident.
- The student resides with the OPC.
- The OPC provides supporting documentation
- The student's parents, guardians, custodians are unable to provide care, control, and support due to serious family hardship.

If the student's situation does not fit this criteria, do not allow the OPC to enroll the student.



Residency Verification Forms

2020-21 School Year Residency Verification Forms

- District of Columbia Residency Verification form (DCRV)
- Other Primary Caregiver form
- Other Primary Caregiver Attestation
- Sworn Statement of Residency
- Home Visit Consent and Verification form



DC Residency Verification Form – School year 2020-2021

Use this form to verify that you are a District resident and therefore you or your student is eligible to enroll in a DC public or public charter school. All forms and supporting residency documentation are submitted to the enrolling school.

Step One: Choose the residency verification method that best applies to you.

Details of the available methods for verifying your DC residency are provided on page two. Choose ONE after completing sections 2 and 3 below. To be eligible to enroll in a DC public or public charter school tuition-free: 1) the enrolling person must be the parent, adult student, or the valid legal guardian, custodian or Other Primary Caregiver with proper documentation; 2) the enrolling person has established a **physical presence** in the District of Columbia; and 3) the enrolling person has submitted valid and proper documentation that establishes residency as set forth in law and regulations.

Step Two: Provide information about student and enrolling person.

| | | | | |
|--------------------------------|--------|--|---|------|
| Student First Name: | | Student Last Name: | | DOB: |
| Name of SY20/21 School: | | | | |
| Enrolling person > First Name: | | Last Name: | | |
| I am the: | | <input type="checkbox"/> student's legal parent/guardian/custodian <input type="checkbox"/> adult student | | |
| | | <input type="checkbox"/> student's other primary caregiver and completed the OPC Form <input type="checkbox"/> minor parent and completed the sworn statement | | |
| Address of enrolling person: | | | | |
| City: | State: | ZIP: | DC Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Email: | | Phone: | | |

Step Three: Sign Certification of Residency Requirements.

- I certify that I am the parent or the valid guardian, custodian, or other primary caregiver and am submitting valid and proper residency documentation accordingly or have identified myself as a non-resident and understand the required tuition agreement and tuition payment required for enrollment.
- I certify that I have established and will maintain a physical presence in the District, defined as the "actual occupation and inhabitation of a place of abode with the intent to dwell for a continuous period of time"; and I am submitting valid and proper documentation to verify residency, as set forth in 5-A DCMR § 5004; or, I have identified myself as a non-resident and will complete the required tuition agreement and tuition payment.
- I consent to the disclosure of residency information if enrolled in a government funded financial assistance program (Medicaid, TANF, SNAP) for the sole purpose of verifying District residency. By signing below, I am saying: I authorize OSSE to obtain my personally identifiable information from other state or federal agencies, including but not limited to, the DC Department of Human Services (DHS), the DC Housing Authority (DCHA), and the Department of Health Care Finance (DHCF). OSSE will protect my information and follow all applicable laws regarding the protection and use of this information.
- I understand that enrollment of the above-named student in District of Columbia public schools, public charter schools, or other schools providing educational services funded by the District of Columbia is based on my representation of **bona-fide DC residency, including this sworn statement of physical presence and my submission of valid and proper documentation verifying residency** or by completion of a tuition agreement and tuition payments.
- I understand that even if the documentation I provide appears to be satisfactory, OSSE or school officials, with reasonable basis, may seek further information to verify the student's residency or the other primary caregiver status of the adult enrolling the student.
- If the District of Columbia, through the Office of the State Superintendent of Education, determines that I am not a resident or an approved non-resident under 5-A DCMR § 5007, I understand that I am liable for payment of retroactive tuition for the student, and that the student may be withdrawn from school.
- I understand that if I provide false information or documentation, I can be referred to DC Office of the Inspector General for criminal prosecution or to the DC Office of the Attorney General for prosecution under the False Claims Act and under D.C. Code § 38-312 which provides that any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to payment of a fine of not more than \$2,000 or imprisonment for not more than 90 days, but not both a fine and imprisonment.
- I understand that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies including but not limited to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.
- I am aware that the District of Columbia may use whatever legal means it has at its disposal to verify my residence and I consent to the disclosure of residency information to the appropriate local authorities for verification and/or investigation.
- I agree to notify the school of any change of residence for myself or the student within three (3) school days of such change.

Enrolling Person SIGN HERE: _____ DATE: _____

Step Four: Bring this completed form and applicable documentation to your school.

SCHOOL OFFICIAL USE ONLY The following method was used to verify District of Columbia residency. Choose ONE method.

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies, including but not limited to, the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.

School Official Name (print): _____ Signature: _____ Date: _____

| | | | |
|--|--|--|--|
| Method A: School official verified <input type="checkbox"/> OSSE Residency Verified (QLIK or ASPEN) <input type="checkbox"/> Homeless liaison verified <input type="checkbox"/> Ward of DC | Method B: Select one document <input type="checkbox"/> Pay stub <input type="checkbox"/> DC Gov financial assistance <input type="checkbox"/> Certified DC Tax Form-D40 <input type="checkbox"/> Military housing orders <input type="checkbox"/> Embassy letter | Method B: Select two documents <input type="checkbox"/> DC motor vehicle registration <input type="checkbox"/> DC driver's license/non-driver ID <input type="checkbox"/> Lease with payment <input type="checkbox"/> Utility bill with payment | <input type="checkbox"/> Method C: Home visit <input type="checkbox"/> Non-resident |
|--|--|--|--|

DC Residency Verification (DCRV) Form

(page 1)

Required of ALL students enrolling through the PKEEP for the 2020-21 school year.

The form must be complete with each box and section filled out (N/A if not applicable)

The enrolling person must sign.

The school official must sign.



School official certifies that they have reviewed all documentation presented.

School official affirms that the information presented is true to the best of their knowledge.

School official completes *after* the enrolling person.

Should not have school officials sign for their own student.

Establish an internal audit to ensure forms are complete by both enrolling person and school official

Important for verifying dates of supporting residency documents.



| | |
|---|---|
| Enrolling person, follow ONE of the methods (A-C) to verify your DC residency. | |
| <p>Verify with a school official. If you are homeless, a ward of the District, and/or a participant of a District public benefits program, such as Medicaid, Supplementation Nutrition Assistance Program, or Temporary Assistance for Needy Families – your school may already have your information. Check with your school official or the school's homeless liaison.</p> | |
| <p>A Verify through the Office of Tax and Revenue. Re-enrolling families/students are often able to verify residency using OTR residency verification process. The enrolling person must have paid taxes in DC during the previous fiscal year and have the student's social security number. The student must be re-enrolling in the same local education agency and enrolling in grades K-12. Login to the system at osse.dctax.com. If successful, your verification will then be available for your school to confirm.</p> | |
| <p>Verify by submitting supporting documentation. All items must include the same name and address of the enrolling person as completed on the DC residency verification form and school based enrollment documents.</p> | |
| <p>ONE item is needed from this list to verify residency.</p> <ul style="list-style-type: none"> A valid pay stub issued within forty-five (45) days of the school's review of this form. Must contain withholding of only DC personal income tax for the current tax year and no other states listed for deduction, even if the amount is zero. It must also show a DC personal income tax withholding amount greater than zero for both the current tax year and current pay period. Unexpired official documentation of financial assistance from the Government of the District of Columbia, issued to the enrolling person within the past 12 months and current at the time presented to the school, including, but not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income, housing assistance or other programs. Certified copy of Form D40 by the DC Office of Tax and Revenue, with evidence of payment of DC taxes for the current or most recent tax year and must bear the DC Office of Tax and Revenue stamp. Current military housing orders or statement on military letterhead, must be official correspondence and cite the specific DC address of residence. Embassy letter issued within the past twelve (12) months. Must contain an official embassy seal and signature of embassy official; and indicate that the enrolling person and student or the adult student currently reside, or will reside, on embassy property in DC during the relevant school year. | <p>TWO items are needed from this list to verify residency.</p> <ul style="list-style-type: none"> DC motor vehicle operator's permit or official government issued non-driver identification that is valid and unexpired. DC motor vehicle registration that is valid and unexpired. Lease or rental agreement that is valid and unexpired <u>with a separate proof of payment of rent</u>, such as receipt of payment, money order, or copy of cashed check. <i>The lease must contain the start date, monthly rent amount, name of landlord, and be signed by the enrolling person and landlord.</i> <i>The separate proof of payment must be for a period within two (2) months immediately preceding the school's review of this form and match the monthly rent amount stated on the lease.</i> Utility bill (only gas, electric, and water bills are acceptable) with a separate paid receipt showing payment of the bill, such as receipt of payment printout, money order, or copy of cashed check. <i>The utility bill must be for a period within the two (2) months immediately preceding the school's review of this form.</i> <i>The separate proof of payment must be for the specific bill submitted. The most common submission is two consecutive bills where the second bill shows payment on the first bill. A credited amount on a bill and government agency letter subsidizing payment for utility are also acceptable proofs of payment.</i> |
| <p>B OR</p> | |
| <p>C Verify through a home visit. If you are unable to verify through one of the above methods, speak with your school official about a home visit.</p> | |
| Enrolling as a non-resident student | |
| <p>Non-resident students are only eligible to attend a District public school if there are no eligible DC residents on the waitlist, the LEA agrees to enroll the student, there is a signed tuition agreement in place with the Office of the State Superintendent of Education, and an initial tuition payment has been made. To complete a tuition agreement and tuition payment, please email osse.residency@dc.gov. Non-residents are not eligible for enrollment through the District's Pre-K Enhancement and Expansion Funding Program.</p> | |
| Persons eligible to enroll a student. | |
| <ul style="list-style-type: none"> Parent – a natural parent, stepparent, or parent by adoption who has custody or control of a student, including joint custody. Guardian – an appointed legal guardian of a student by a court of competent jurisdiction. Custodian – a person to whom physical custody has been granted by a court of competent jurisdiction. Other Primary Caregiver – is a person other than a parent or court-appointed custodian or guardian who is the primary provider of care or control and support to a student who resides with him or her, <i>and</i> whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship. Adult Student – A student who is eighteen (18) years of age or older, or who has been emancipated from parental control by marriage, operation of statute, or the order of a court of competent jurisdiction. | |
| <p>Office of the State Superintendent of Education 1050 First Street, NE Washington, DC 20002 202.727.6436 osse.dc.gov version 03.01.20 Page 2 of 2</p> | |

DC Residency Verification (DCRV) Form

(page 2)

Detailed information about valid supporting residency documentation

Information about enrolling as a non-resident

Definitions of persons eligible to enroll a student.

Correcting errors on forms

Complete a *New* form if:

- An edit is made to the form that changes what the enrolling person has attested to.
 - Dates
 - Names
 - Addresses
- An edit is made to the form that changes what the school official has attested to.
 - Dates

Edit the existing form if:

- An edit is made to the form that does not change what the enrolling person attested to but clarifies.
 - City quadrant
 - Name prefixes/suffixes
 - School name misspellings



Home Visitation Consent & Verification Form – School Year 2020-2021

Use this form to consent to allowing a school official to verify District residency by visiting your residence. Complete one form per student enrolling in a DC public or public charter school.

Step One: Provide information about your family.

| | | |
|---|--------------------|-------------|
| Student First Name: | Student Last Name: | DOB: |
| Full name of person enrolling the student: | | |
| I am <input type="checkbox"/> student's parent/guardian/custodian <input type="checkbox"/> student's other primary caregiver and completed the OPC Form or: <input type="checkbox"/> adult student <input type="checkbox"/> minor parent and completed the sworn statement | | |
| Address of person enrolling student: | City: | State: ZIP: |
| Email: | Phone: | |

Step Two: Consent to home visit by a school official.

I hereby consent for a school official to conduct a home visit for the purpose of validating my DC residency. Personal information that may be collected in connection with this visit is to be retained in the official record of the student and will not be transferred or disclosed outside of the school, local education agency or state education agency, except where disclosure is required by law or is pursuant to the verification of my District residency. This information will be used for the purpose of validating District residency of the student's parent, guardian, or other primary caregiver, or of the adult student him/herself.

Signature of Person Enrolling Student: _____ Date: _____

SCHOOL OFFICIAL USE ONLY The following information was verified by conducting a home visit by a school official.

| | | | |
|--|---|--|---|
| Step 1 | Date of Home Visit (mm/dd/yyyy): | | |
| Step 2 | Name of people residing in the home: | Relationship to student: | |
| Step 3 | Who is the Primary Lease/Mortgage Holder: | Is the student on the lease? If no, explain: | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Step 4 | Is there evidence that the enrolling person resides at the residence? Describe: | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Step 5 | Is there evidence that student resides at the residence? Describe: | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Step 6 | Check only one: <input type="checkbox"/> I have confirmed District residency of the enrolling person by conducting a home visit. <input type="checkbox"/> I have confirmed District residency of the enrolling person and student by conducting a home visit (OPC Only). <input type="checkbox"/> I was unable to confirm District residency of the enrolling person by conducting a home visit. <input type="checkbox"/> I was unable to confirm District residency of the enrolling person and student by conducting a home visit (OPC Only). | | |
| I certify that I am the school official authorized by the above named school to conduct a home visit for the student named above. I attest that the information herein provided is true to the best of my knowledge based on the home visit conducted. | | | |
| School Official Name (print): _____ | | Signature: _____ | Date: _____ |

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Page 2

School Official conducting home visit

| Reason for conducting home visit: | Items to confirm: |
|---|--|
| Residency verification of parent, guardian, custodian | <input type="checkbox"/> Parent, guardian, custodian has custody of student <input type="checkbox"/> Parent, guardian, custodian resides at the residence |
| Verification of Other Primary Caregiver (OPC) | <input type="checkbox"/> Evidence that the OPC resides at the residence <input type="checkbox"/> Evidence that the student resides at the residence |

Possible items to look for when confirming residence

The following items could be used to confirm the person enrolling the student and/or the student resides at the residence. This is not an exhaustive list.

- Personal hygiene products/toiletries
- Personal effects such as clothing, shoes, or items normally worn or carried on the person
- Sleeping area
- Student's school work
- Personal photos
- Mail

Home Visit Consent and Verification Form

Form is used to provide consent and conduct the home visit.

Enrolling person must provide consent.

The enrolling person must sign and date.

The school official must complete the form.

The school official must sign and date.





Other Primary Caregiver (OPC) Form

Use this form to verify that the enrolling student is under the care of "other primary caregiver". School officials should only collect this form if the person enrolling the student is *NOT* the parent, legal guardian, or court appointed custodian of the student.

Step One: Determine if you are an Other Primary Caregiver.

An "other primary caregiver" is a person other than a parent or court-appointed custodian or guardian who is the primary provider of care or control and support to a student who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support. Other primary caregivers must establish DC residency as required on the DC Residency Verification Form, in addition to establishing his/her status as an "other primary caregiver". See reverse for definition of care or control and substantial support.

Step Two: Provide information about your Other Primary Caregiver status.

| | | |
|------------------------------------|--------------------|---|
| Student First Name: | Student Last Name: | |
| OPC First Name: | OPC Last Name: | |
| OPC Address: | | |
| City: | State: | ZIP: |
| Relationship to enrolling student: | | Date student started residing with OPC: |

Verify Other Primary Caregiver status (check any that apply):

- | | |
|--|---|
| <input type="checkbox"/> I provide care or control for the enrolling student | <input type="checkbox"/> Enrolling student resides with me, the other primary caregiver |
| <input type="checkbox"/> I provide substantial support for the enrolling student | |

Step Three: Provide information about the parent/legal guardian.

| | | | |
|---|--|-----|--------|
| Full Name of Parent/Legal Guardian: | | | |
| Address of Parent/Legal Guardian: | | | |
| City: | State | ZIP | Phone: |
| The parent or legal guardian is unable to provide primary care and substantial support because of the following serious family hardship (check any that apply): | | | |
| <input type="checkbox"/> he/she has an active military assignment | <input type="checkbox"/> he/she is incarcerated | | |
| <input type="checkbox"/> he/she suffers from a serious illness | <input type="checkbox"/> he/she does not live with the child due to neglect and/or abuse | | |
| <input type="checkbox"/> he/she is deceased | <input type="checkbox"/> he/she has abandoned the child | | |

Step Four: Confirmation of Other Primary Caregiver Status.

By signing below, I swear and attest that I am the Other Primary Caregiver and the parent, custodian, or guardian is unable to supply such care and support because of a serious family hardship. I further accept that all provisions set forth in "Step Three: Certification of Residency Requirements" on the DC Residency Verification Form are incorporated and merged herein.

Other Primary Caregiver SIGN HERE: _____ Date: _____

SCHOOL OFFICIAL USE ONLY Complete the area below to confirm school verification of other primary caregiver status.

I reviewed the other primary caregiver status as specified above and the OPC meets all three (3) criteria and that the parent or legal guardian is unable to provide primary care and substantial support. In addition, the above identified Other Primary Caregiver provided one of the following documents to verify OPC status:

- | | |
|--|--|
| <input type="checkbox"/> Sworn Statement | <input type="checkbox"/> Unexpired official documentation from the federal government or the |
| <input type="checkbox"/> Records from the previous school year | Government of the District of Columbia |
| <input type="checkbox"/> Immunization or medical records | <input type="checkbox"/> Attestation for Other Primary Caregiver |

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies, including but not limited to, the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.

School Official Name (print): _____ Signature: _____ Date: _____

Other Primary Caregiver Form

Completed by **eligible** other primary caregivers enrolling a student.

Other primary caregiver must sign and date.

Confirm that parent, guardian, or custodian cannot provide care and support due to *serious family hardship*.

The school official must sign and date.



Other primary caregiver must submit one of the documents identified below to verify the other primary caregiver status.

Methods

- A completed and signed Sworn Statement indicating that he/she is the primary caregiver for the student.
- Records from the previous school year indicating that the student is in the care of the caregiver, including, but not limited to, a signed report card
- Immunization or medical records issued within the last twelve (12) months immediately preceding the school's review of the residency documentation, indicating that the student is in the care of the caregiver.
- Unexpired official documentation from the federal government or the Government of the District of Columbia with an issue date within the last twelve (12) months immediately preceding the school's review of residency documentation, indicating that the caregiver receives public or medical benefits on behalf of the student, including, but not limited to, Supplemental Security Income annual benefits notification or TANF verification of income notice or recertification approval letter.
- An Attestation for Other Primary Caregiver completed and signed by a legal, medical or social service professional attesting to the caregiver's status relevant to the student and issued within the last twelve (12) months immediately preceding the school's review of residency documentation.

Am I an Other Primary Caregiver?

5-A DCMR § 5099 states that an Other Primary Caregiver (OPC) is a person, other than the enrolling student's parent or court appointed custodian or guardian. The enrolling student must *reside* with the OPC and the OPC *must provide the student with guidance, maintenance, physical care and support*. In addition, **the student's parents, guardians, or custodians are unable to provide the student primary care and substantial support due to serious family hardship**. If you do not provide guidance, maintenance, and physical care; and the student's parents, guardians, or custodians do not suffer from a serious family hardship, you do not qualify as an Other Primary Caregiver. Do you provide the following items in the table below?

| | |
|----------------------|--|
| Support | When the OPC is exercising <i>primary</i> responsibility to provide the child with financial resources for the child's livelihood. |
| Guidance | When the OPC participates in the responsibility for the child's development on a daily basis <ul style="list-style-type: none"> • Attending school conferences • Disciplining the child • Participating in decisions concerning the child's well-being • Involvement in the child's extracurricular activities |
| Maintenance | When the OPC is providing necessities: <ul style="list-style-type: none"> • Food • Clothing • Shelter |
| Physical care | When the OPC is providing continuous care for the child by performing tasks required in the child's daily life. Bathing <ul style="list-style-type: none"> • Feeding • Dressing • Assuring medical attention will be received by the child • Preparing meals • Supervising the child's activities • Assisting with other physical care needs |

Other Primary Caregiver Form

(page 2)

States the methods for verifying other primary caregiver status.

Provides guidance on what it means to provide primary care and substantial support.



Sworn Statement – School Year 2020-2021

This form is to be completed by the person enrolling the student, or by the parent of an adult student or minor parent, in cases when a sworn statement is needed to complete residency verification. For example, use this form in cases where a minor parent is enrolling their child but currently living at home and not able to prove DC Residency.

Provide information about individual.

| | | |
|---|--------------------|------|
| Student First Name: | Student Last Name: | |
| Person completing sworn statement > First Name: | Last Name: | |
| Address of person completing sworn statement: | | |
| City: | State: | ZIP: |
| Relationship to enrolling student: | | |
| Email: | Phone: | |

Identify basis for sworn statement.

Check the appropriate basis for the sworn statement:

- ☐ I am the parent of an adult student and the student resides with me at the address provided above. Documents establishing DC residency as set forth in 5-A DCMR § 5004.2 are attached.
- ☐ I am the parent of a minor parent and the minor parent and child reside with me at the address provided above. Documents establishing DC residency as set forth in 5-A DCMR § 5004.2 are attached.
- ☐ I am the Other Primary Caregiver of the student as attested in the Other Primary Caregiver Form. Documents establishing DC residency as set forth in 5-A DCMR § 5004.2 are attached.

Sign and complete the sworn statement.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information and belief. I further accept that all provisions set forth in "Step Three: Certification of Residency Requirements" on the DC Residency Verification Form are incorporated and merged herein.

Signature of person completing sworn statement: _____ Date: _____

Sworn Statement of Residency

Limited use cases:

A minor parent is enrolling a minor student – signed by minor parent's adult parent.

An adult student is living with an adult parent – signed by the adult parent.

Person completing sworn statement must sign and date.





Attestation of Other Primary Caregiver – School Year 2020-2021

This form is to be completed by a legal, medical, or social service professional attesting to the status of a person as an "other primary caregiver" to a minor student.

Step One: Review the definition/description of an Other Primary Caregiver (OPC).

An "other primary caregiver" is a person other than a parent, court-appointed custodian or guardian who is the primary provider of care and support to a child who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support. For the purpose of this form, "a parent unable to provide care and support" to a child if one of the conditions described in the boxes below apply. A person seeking to enroll the student as "other primary caregiver" shall provide documentation, including this form, which establishes his or her status as BOTH an "other primary caregiver" AND his or her residency in the District of Columbia as required by District of Columbia law and regulations.

Step Two: Provide information as the professional attesting to status as an OPC.

| | | | |
|------------------------------|-------------------------|--------------------|--|
| Professional First Name: | Professional Last Name: | | |
| Place of Employment: | Title: | | |
| Employer Address: | | | |
| City: | State: | ZIP: | |
| Relationship to OPC/Student: | | | |
| Student First Name: | | Student Last Name: | |
| OPC First Name | | OPC Last Name | |
| OPC Address: | | | |
| City: | State: | ZIP: | |

Step Three: Identify the reason for OPC status.

To the best of my knowledge the child's parent, court appointed custodian or guardian is unable to provide care and support to the child, because the parent, court appointed custodian or guardian (check any that apply):

- | | |
|---|--|
| <input type="checkbox"/> he/she has an active military assignment | <input type="checkbox"/> he/she is incarcerated |
| <input type="checkbox"/> he/she suffers from a serious illness | <input type="checkbox"/> he/she does not live with the child due to neglect and/or abuse |
| <input type="checkbox"/> he/she is deceased | <input type="checkbox"/> he/she has abandoned the child |

Step Four: Sign and complete the attestation of OPC status.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information and belief.

Signature of Attesting Professional: _____ Date: _____

Printed Name: _____ Title: _____

Organization: _____ Contact Phone: _____

Email: _____

Attestation of Other Primary Caregiver

Used as documentation to verify other primary caregiver status.

Not completed by the OPC.

Only completed by a legal, medical, or social service professional.

Attesting professional must sign and date.



Residency forms by enrolling person

| Enrolling Person | Residency Forms Required |
|---------------------------------------|---|
| Parent, Guardian, Custodian | <ul style="list-style-type: none">• DCRV• Residency supporting documentation |
| Other Primary Caregiver (OPC) | <ul style="list-style-type: none">• DCRV• Residency supporting documentation• Other primary caregiver form• Other primary caregiver supporting documentation |
| Minor parent residing w/ adult parent | <ul style="list-style-type: none">• DCRV• Residency supporting documentation (of adult parent)• Sworn statement of residency |

DCRV in electronic fillable format

A CBO may convert the DCRV and additional required forms into an electronic format – fillable pdf, online school enrollment system – but the DCRV and additional required forms shall meet the following requirements:

- The content and substance of the residency verification forms shall not be altered, redacted, or expanded in any way;
- Completed residency verification forms shall be exportable in the same format as provided by OSSE;
- Easily available to comply with the five-day requirement to submit the forms for investigation purposes;
- Printed and signed in person, or be in compliance with OSSE's electronic signature guidance;
- Provided in the required format for OSSE's annual enrollment audit; and
- Maintained in accordance with all records retention policies.



Signature Requirements

Electronic signatures must meet the following requirements for the DCRV and additional residency forms:



- Digital certificate
- Encryption used to authenticate
- Evidence of the origin of the signature
- Evidence of the record being sent
- Evidence of receipt
- A timestamp
- Long-term storage of evidence



- Cannot be a digitized image of a handwritten signature
- Cannot be a password or personal identification number
- Cannot be a mark or symbol indicating an intent to sign
- Cannot be a symbol (“/s/”) affixed to a digital document.

Physical signatures, or “wet signatures” on the DCRV or additional residency forms must be submitted *in person* to the CBO and cannot be submitted electronically, including through email, text, or other electronic means.



Residency Verification for Students in Subsidized Child Care

OSSE Verified Residency for Subsidy Children

- CBO shall identify any PKEEP students that is also a recipient/participant in the District's subsidized child care program in the Enrollment Audit Child Count Application.

Identification of subsidy students must be completed by October 8, and confirmed by the CBO through the First Certification on October 9.

- CBOs shall collect DC Residency Verification Forms (DCRV) for ***all*** students, including those receiving subsidy.
- After First Certification, OSSE will verify subsidy status for all identified students. If OSSE can not verify subsidy status, the CBO will be required to supply supporting residency documents during fieldwork.
- Students whose residency has been verified through the subsidized child care program are only required to have a DCRV form for review during the fieldwork auditor review phase.

While reviewing form, school official should select OSSE Residency Verified under Method “A”

Should not have school officials sign for their own student.

Establish an internal audit to ensure forms are complete by both enrolling person and school official



Supporting Residency Documentation

(Non-subsidy Participants in the PKEEP)

Valid Supporting Residency Documents for Non-subsidy

There are two primary ways the enrolling person can verify DC residency.

| | | | |
|----------|---|----|---|
| Option 1 | The school receives and certifies valid supporting residency documents submitted by the enrolling person. | | |
| | One item | Or | Two Items |
| | <ul style="list-style-type: none">• Pay stub• Unexpired official documentation of financial assistance• Certified D40• Current military housing orders or statement• Embassy letter | | <ul style="list-style-type: none">• DC license or ID• DC vehicle registration• Lease and separate proof of payment• Utility bill and separate proof of payment |
| Option 2 | The parent consents to a home visit conducted by a school official. | | |

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



(Date)

To Whom It May Concern:

This letter is to inform you that _____ (Name of Child), Age: _____, DOB: _____, Social Security #: _____, is a Ward of the District of Columbia's Child and Family Services Agency. This has been his/her legal status since _____ (Date) by Order of the Superior Court of the District of Columbia. He/she is a resident of the District of Columbia and because of his/her legal status as a committed Ward his/ her income is zero. _____ (Social Worker) verified that this youth is a United States citizen.

The current address is _____.

If you have any questions and/or concerns, please do not hesitate to contact me at ____ (Social Worker's phone number).

Sincerely,

(Social Worker's Name)
Social Worker
(Division or Unit)

200 I Street, SE ♦ Washington, DC 20003
Web: www.dccchildandfamilyservices.com

Ward of State Order

(Method A)

A currently valid court order indicating that the student is a ward of the District.

or

A formal correspondence from the DC Child and Family Services Agency (CFSA)


The formal correspondence must state that the student is a ward of CFSA and includes the social worker name and contact information.

The letter must be signed by the social worker or other authorized representative.

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



Cash Isking
Chief Financial Officer

Memo: PPE May 24, 2020

Sample

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

ABC VE FIRM
Employee: Enrolling Person
Pay Period: May 13 - 24, 2020

Check #: 123
Date: May 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) | <u>16.80</u> | <u>84.80</u> |
| | <u>\$276.44</u> | <u>\$3,040.84</u> |
| Net Pay | \$1,403.56 | \$15,439.16 |

Pay stub

(Method B – 1 required)

Issued within 45 days of school's review of DCRV.

Must contain withholding of DC personal income tax **only** and no other states, even if the amount is zero.

DC personal income tax withholding must be greater than zero for both the current tax year and current pay period.

Same name and address as enrolling person on DCRV.

DC Financial Assistance Program
Government of the District of Columbia
1050 First Street NE
Washington, DC 20002



Date: April 1 2020

Account ID: 999999999

Suzy Creamcheese
54 District Street NW
Washington, DC 55555

Subject: ELIGIBILITY FOR DISTRICT OF COLUMBIA FINANCIAL ASSISTANCE PROGRAM

Dear Suzy Creamcheese:

Based on the information you submitted the following individuals are eligible for the financial assistance program:

List of eligible participants:

| Relationship | Name |
|--------------|-------------------|
| Mother | Suzy Creamcheese |
| Child | Frank Creamcheese |
| Child | Lolly Creamcheese |

Your program participation card is free and can be picked up at the following locations:

- Address 1, Washington, DC 20000
- Address 2, Washington, DC 20000

Program eligibility is valid for one year and will expire on 4/1/2021. If you have any questions, please contact us at (555) 555-5555.

ELIGIBILITY WORKER

Unexpired official documentation of financial assistance from the Government of the District of Columbia

(Method B – 1 required)

Issued to the enrolling person within the past 12 months and current at the time presented to the school.

“Received” stamps by school do not count as the current date.

Qualifying programs include, but are not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income, DC housing assistance.

Documentation includes an official letter or a snapshot received by the enrolling person.

Same name and address as enrolling person on DCRV.

2016 D-40

1. Filing Status: ☐ Single ☐ Married ☐ Head of Household ☐ Dependent ☐ Amended ☐
 Status Form: D-40 ☐ Date From: 0 / 0 / 0 Date To: 0 / 0 / 0 Vendor ID: 1555 Deceased ☐
 2. Part Year Resident: ☐ Date From: 0 / 0 / 0 Date To: 0 / 0 / 0 Part Statute ☐

Income Information

a. Wages, salaries, unemployment compensation and/or tips: ☐ Fil in Flow ☐
 b. Business income (or loss): ☐ Fil in Flow ☐
 c. Capital gain (or loss): ☐ Fil in Flow ☐
 d. Rental real estate, royalties, partnerships, etc.: ☐ Fil in Flow ☐
 Computation of DC Gross and Adjusted Gross Income: ☐ Fil in Flow ☐
 3. Federal adjusted gross income: ☐ Fil in Flow ☐

Additions to DC Income

4. Alternative tax deduction on federal forms: ☐ Fil in Flow ☐
 5. Other additions from DC Schedule I, Calculation A, Line 8: ☐ Fil in Flow ☐
 6. Add federal adjusted gross income, franchise tax deduction, and DC Employee Number (CSA Employee Initials): ☐ Fil in Flow ☐

Subtractions from DC Income

7. Part year residents, enter income received during period of nonresidence: ☐ Fil in Flow ☐
 8. Taxable refunds, credits or offsets of state and local income tax: ☐ Fil in Flow ☐
 9. Taxable amount of social security and tier 1 retired retirement: ☐ Fil in Flow ☐
 10. Income reported and taxed this year on a DC franchise or fiduciary return: ☐ Fil in Flow ☐
 11. DC and federal government survivor benefits: ☐ Fil in Flow ☐
 12. Other subtractions from DC Schedule I, Calculation B, Line 16: ☐ Fil in Flow ☐
 13. Total subtractions from DC income: ☐ Fil in Flow ☐
 14. DC adjusted gross income: ☐ Fil in Flow ☐

DC Tax, Credits, and Payments

15. Deduction type: ☐ Standard Deduction ☒ Itemized ☐ Fil in Flow ☐
 16. DC deduction amount: ☐ Fil in Flow ☐
 17. Number of exemptions: ☐ Fil in Flow ☐
 18. Exemption amount: ☐ Fil in Flow ☐
 19. Add deduction amount and exemption amount: ☐ Fil in Flow ☐
 20. DC taxable income: ☐ Fil in Flow ☒

21. Tax: ☐ Fil in Flow ☐
 22. Credit for child and dependent care expenses: ☐ Fil in Flow ☐
 23. Non-refundable credits from DC Schedule U, Part 1a, Line 7: ☐ Fil in Flow ☐
 24. DC Low Income Credit: ☐ Fil in Flow ☐
 25a. Enter the number of exemptions claimed on your federal return: ☐ Fil in Flow ☐
 25b. Total non-refundable credits: ☐ Fil in Flow ☐
 26. Total tax: ☐ Fil in Flow ☐
 27. DC Earned Income Tax Credit: ☐ Fil in Flow ☐
 27a. Enter the number of qualified EITC children: ☐ Fil in Flow ☐
 27b. For filers with qualifying children, Enter federal EITC: ☐ Fil in Flow ☐
 27c. For filers without qualifying children: ☐ Fil in Flow ☐
 28. Property Tax Credit: ☐ Fil in Flow ☐
 29. Refundable credits from DC Schedule U, Part 1b, Line 3: ☐ Fil in Flow ☐
 30. DC income tax withheld: ☐ Fil in Flow ☐
 31. 2016 estimated income tax payments and amount applied from 2015 return: ☐ Fil in Flow ☐
 32. Tax paid with extension of time to file or with original return if this is an amended return: ☐ Fil in Flow ☐
 33. Total payments and refundable credits: ☐ Fil in Flow ☐

DC Tax, Credits, and Payments

21. Tax: ☐ Fil in Flow ☐
 22. Credit for child and dependent care expenses: ☐ Fil in Flow ☐
 23. Non-refundable credits from DC Schedule U, Part 1a, Line 7: ☐ Fil in Flow ☐
 24. DC Low Income Credit: ☐ Fil in Flow ☐
 25a. Enter the number of exemptions claimed on your federal return: ☐ Fil in Flow ☐
 25b. Total non-refundable credits: ☐ Fil in Flow ☐
 26. Total tax: ☐ Fil in Flow ☐
 27. DC Earned Income Tax Credit: ☐ Fil in Flow ☐
 27a. Enter the number of qualified EITC children: ☐ Fil in Flow ☐
 27b. For filers with qualifying children, Enter federal EITC: ☐ Fil in Flow ☐
 27c. For filers without qualifying children: ☐ Fil in Flow ☐
 28. Property Tax Credit: ☐ Fil in Flow ☐
 29. Refundable credits from DC Schedule U, Part 1b, Line 3: ☐ Fil in Flow ☐
 30. DC income tax withheld: ☐ Fil in Flow ☐
 31. 2016 estimated income tax payments and amount applied from 2015 return: ☐ Fil in Flow ☐
 32. Tax paid with extension of time to file or with original return if this is an amended return: ☐ Fil in Flow ☐
 33. Total payments and refundable credits: ☐ Fil in Flow ☐

Certified copy of form D40

(Method B – 1 required)

Issued by the Office of Tax and Revenue.

Must contain evidence of payment of DC taxes for the most recent tax year.

Must bear the DC Office of Tax and Revenue stamp.

Same name and address as enrolling person on DCRV.



DEPARTMENT OF MILITARY BRANCH
PROGRAM EXECUTIVE OFFICER
MILITARY INFORMATION SYSTEMS
555 VIRGINIA ROAD, SUITE 55

4/1/2020

From: Program Executive Officer, Enterprise Information Systems
To: District of Columbia Public School

Subj: VERIFICATION OF ACTIVE DUTY MILITARY STATUS FOR COMMANDER SUZY CREAMCHEESE

1. This letter is to certify that Commander Suzy Creamcheese is currently serving on Active Duty in the U.S. Military Branch, effective July 19, 2001. Effective March 2019, Commander Creamcheese has been on Active Duty orders at Program Executive Office, Military Information Systems (PEO MIS), Program Manager for Military Systems Network (MSN), BAC 999, located in Washington, D.C.

Full Name: Suzy Creamcheese
Address: 5555 District Road NW, Washington, DC 20000
Dependents: Frank Creamcheese, Grace Creamcheese,
Rank/Rate: Commander (CDR)
Pay Grade: B-9
Date of Birth: 01 Jan 1981
DIEMS Date: 02 July 2000
Condition of Service: Honorable

2. This information has been verified in DEERS. If you have any further questions, please feel free to contact me at 555-555-5555.

B. Example
LCDR DMB

I authorize the release of the above information

S. Creamcheese
CDR DMB

Current military housing orders or statement on military letterhead

(Method B – 1 required)

Must be an official correspondence on military letterhead.

Must cite the specific DC address and residence.

Same name and address as enrolling person on DCRV.

Stationed location and intent to stay are not valid.



EMBASSY OF COUNTRY
345 DISTRICT STREET, WASHINGTON, DC 20000

4/1/2020

TO WHOM IT MAY CONCERN:

I, Embassy Official, Human Resources Officer at the Country Embassy in Washington, DC, hereby certify that

SUZY CREAMCHEESE

a Country employee, is assigned to the Country mission in Washington, DC, as Third Secretary since January 2019. As such, Suzy Creamcheese, as well as their spouse, Frank Creamcheese, and their children, Bonnie and Chad, are residing at 1234 District Avenue, Washington, DC 20000 and are housed at no cost to them by the Embassy of Country.

Suzy Creamcheese's mission will end in July 2022.

Sample

Embassy Official
Human Resources

Embassy letter

(Method B – 1 required)

Issued within the past 12 months.

Must contain an official embassy seal.

Must be signed by an appropriate embassy official.

Must indicate that the enrolling person and the student, or adult student, currently reside, or will reside, on embassy property in DC during the relevant school year.

Same name and address as enrolling person on DCRV.



DC motor vehicle operator's permit or non-driver identification

(Method B – 2 required)

Must be an official DC government issued driver license or non-driver identification.

Must be valid and unexpired.

Same name and address as enrolling person on DCRV.

DC One Card and DC Government Employee badges are not acceptable.

DC drivers licenses can be verified using the DC DMV online tool:

[DC Drivers License Verification Tool](#)



DC motor vehicle registration

(Method B – 2 required)

Must be issued by the DC government (no Virginia registrations).

Must be valid and unexpired.

Same name and address as enrolling person on DCRV.

RESIDENTIAL LEASE AGREEMENT
[Single-Family House]

This Residential Rental Agreement ("Agreement") is entered into by and between Suzy Creamcheese ("Tenant"), and Oscar Sears ("Landlord"). Landlord and Tenant are collectively referred to in this Agreement as the "Parties". This Agreement shall be effective as of the date executed by Landlord, as set forth below.

For the covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. **PREMISES:** The leased premises shall be comprised of that certain (including both the house and the land) located at 123 Main Street. Landlord leases the Premises to Tenant and Tenant leases the Premises on the terms and conditions set forth herein.

2. **TERM:** The term of this Agreement shall be a period of one (1) year, beginning on February 24th, 2020, and ending on February 23rd, 2021. After the expiration or earlier termination of the term without consent shall be a default of this Agreement and shall not be construed as a month to month, unless Tenant pays and Landlord accepts payment on a calendar month (plus, if the term ends on a day other than the last day of the month during which the term ends). If such payment is not made and accepted, this Agreement will automatically renew on a month to month basis until terminated by either party in accordance with the notice of termination is to be given by either party at least thirty (30) days prior to the designated date of termination, and the designated date of termination shall be a calendar month. If notice of termination is given, this Agreement shall terminate on the date for which notice is properly given. Except as otherwise set forth in the terms and conditions of this Agreement shall apply during the term of the tenancy.

3. **MONTHLY RENT:** The rent to be paid by Tenant to Landlord under this Agreement is \$ 2000 per month and shall be due on the 1st day of each month. Tenant shall pay a \$50.00 late fee for any rent not received by Landlord on or before the 1st day of each month. Tenant shall pay any returned check fees. All delinquent rent from Tenant shall accrue interest at the rate of 15% per year until the rent is paid in full. Rent for the first month (or, if applicable, the last month) shall be paid to Landlord at the time this Agreement is executed. Rent shall be prorated. Tenant shall not deduct or offset against rent any amounts for utilities or other charges unless otherwise provided in applicable law.

4. **UTILITIES:** To the extent permitted by applicable utility service rules, Tenant shall transfer all utility accounts into Tenant's name promptly upon taking possession of the Premises.

RESIDENTIAL RENTAL AGREEMENT

TENANT'S INITIALS _____

26. **GOVERNING LAW:** This Agreement shall be governed by the laws of the jurisdiction in which the Premises is located.

27. **ENTIRE AGREEMENT:** This document constitutes the entire agreement and may be modified or amended only by written agreement signed by both Parties. There are no oral agreements between the Parties.

IN WITNESS THEREOF, the Parties have caused this Agreement to be executed on the dates set forth below.

This is a legal document. Tenant acknowledges reading all of this agreement carefully and obtaining advice of counsel, if desired, before signing.

SIGNED:

Landlord:

Oscar Sears

Date: 2/20/2019

Address:

555 Nowhere Ave

Phone:

(555) 555-5555

Tenant:

Suzy Creamcheese

Date: 2/20/2019

Phone:

(555) 555-5555

RESIDENTIAL RENTAL AGREEMENT

TENANT'S INITIALS _____

6

Lease or rental agreement with separate proof of payment

(Method B – 2 required)

Lease requirements:

Must contain the start date, monthly rent amount, name of landlord, and be signed by enrolling person and landlord.

Proof of payment requirements:

May be a receipt of payment, money order, copy of cashed check, etc.

Must be for a period within two months immediately preceding the school's review of the DCRV

Must match the rent amount stated on the lease.

All documents must be the same name and address as enrolling person





Home Visitation Consent & Verification Form –2020-21 School Year

Use this form to consent to allowing a school official to verify District residency by visiting your residence. Complete one form per student enrolling in a DC public or public charter school.

Step One: Provide information about your family.

| | | |
|--|--|-------------|
| Student First Name: | Student Last Name: | DOB: |
| Full name of person enrolling the student: | | |
| I am the: | <input type="checkbox"/> student's parent/guardian/custodian <input type="checkbox"/> adult student | |
| <input type="checkbox"/> student's Other Primary Caregiver and completed the OPC Form <input type="checkbox"/> minor parent and completed the sworn statement | | |
| Address of person enrolling student: | City: | State: ZIP: |
| Email: | Phone: | |

Step Two: Consent to home visit by a school official.

I hereby consent for a school official to conduct a home visit for the purpose of validating my DC residency. Personal information that may be collected in connection with this visit is to be retained in the official record of the student and will not be transferred or disclosed outside of the school, local education agency or state education agency, except where disclosure is required by law or is pursuant to the verification of my District residency. This information will be used for the purpose of validating District residency of the student's parent, guardian, or other primary caregiver, or of the adult student him/herself.

Signature of Person Enrolling Student: _____ Date: _____

SCHOOL OFFICIAL USE ONLY The following information was verified by conducting a home visit by a school official.

| | |
|--------|---|
| Step 1 | Date of Home Visit (mm/dd/yyyy): |
| Step 2 | Name of people residing in the home: Relationship to student: |
| Step 3 | Who is the Primary Lease/Mortgage Holder: Is the student on the lease? If no, explain: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Step 4 | Is there evidence that the enrolling person resides at the residence? Describe: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Step 5 | Is there evidence that student resides at the residence? Describe: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Step 6 | Check only one: <input type="checkbox"/> I have confirmed District residency of the enrolling person by conducting a home visit. <input type="checkbox"/> I have confirmed District residency of the enrolling person and student by conducting a home visit (OPC Only). <input type="checkbox"/> I was unable to confirm District residency of the enrolling person by conducting a home visit. <input type="checkbox"/> I was unable to confirm District residency of the enrolling person and student by conducting a home visit (OPC Only). |

I certify that I am the school official authorized by the above named school to conduct a home visit for the student named above. I attest that the information herein provided is true to the best of my knowledge based on the home visit I conducted.

School Official Name (print): _____ Signature: _____ Date: _____

Home visitation by school official

(Method C)

The family must consent to the home visit.

The form must be signed by both the enrolling person and school official.

Can be used as an alternative when family can't provide documents or as the primary residency verification.



Address Confidentiality Program (ACP) participants

ACP participants are provided an Authorization Card certifying all requirements were met for participation, including District residency.

The ACP card is valid supporting residency document that can be submitted. The LEA shall verify participation.

Authorization Card Image



The image shows a template for an Address Confidentiality Program (ACP) Authorization Card. It features a dark blue header with a white ACP logo on the left and the text "Address Confidentiality Program Authorization Card" in white. Below the header, the text reads: "Pursuant to D.C. Law 22-118, the Address Confidentiality Program of 2018, the following person is authorized to use the following substitute address for legal purposes." The name "Jennifer Smith" and address "441 4th Street, NW #727N-19000, Washington, DC 20001" are listed. At the bottom, a dark blue bar contains the "Expiration Date: 2022-10-04" and "Certification #19000".

**Address Confidentiality Program
Authorization Card**

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

Jennifer Smith
441 4th Street, NW #727N-19000
Washington, DC 20001

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



A District Agency 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 Program at acp@dc.gov or 202-788-2131

Participant or Authorized Representative Signature Required

Special Circumstances and the DCRV

Write in the approved circumstance or the document will be rejected by the auditor.

Approved circumstances for CBOs:

- ACP

Step Four: Bring this completed form and applicable documentation to your school.

SCHOOL OFFICIAL USE ONLY The following method was used to verify District of Columbia residency. Choose ONE method.

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies, including but not limited to, the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.

School Official Name (print): _____ Signature: _____ Date: _____

| | | | |
|--|--|--|---|
| Method A: School official verified <input type="checkbox"/> OSSE Residency Verified (QUIK or ASPEN) <input type="checkbox"/> Homeless liaison verified <input type="checkbox"/> Ward of DC | Method B: Select one document <input type="checkbox"/> Pay stub <input type="checkbox"/> DC Gov financial assistance <input type="checkbox"/> Certified DC Tax Form-D40 <input type="checkbox"/> Military housing orders <input type="checkbox"/> Embassy letter | Method B: Select two documents <input type="checkbox"/> DC motor vehicle registration <input type="checkbox"/> DC driver's license/non-driver ID <input type="checkbox"/> Lease with payment <input type="checkbox"/> Utility bill with payment | <input type="checkbox"/> Method C: Home visit <input type="checkbox"/> Non-resident |
|--|--|--|---|



Collection format of supporting residency documentation

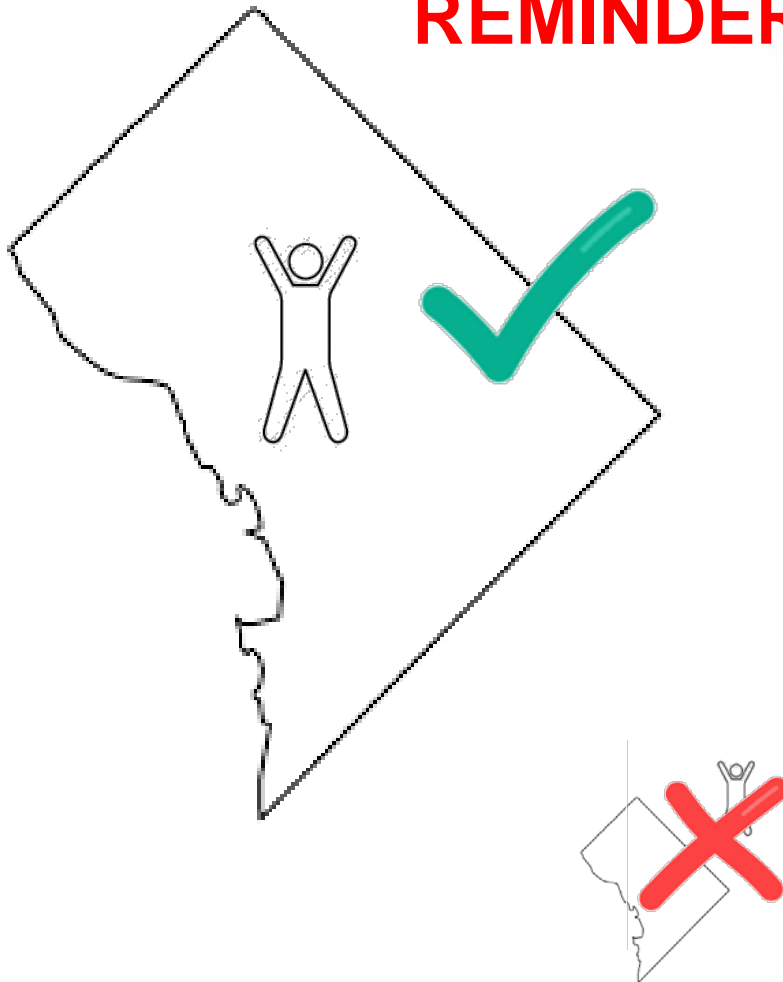
Supporting residency documents are eligible for electronic submission or in-person submission by the enrolling person to the CBO.

Electronic submission of supporting residency documents include email or document upload function. The CBO shall keep an electronic copy of the documents for the purposes of record retention.

In-person submission of supporting residency documents must include original documents in hard copy format. Once reviewed, the CBO shall make a photocopy of the documents for the purposes of record retention.

Documents, collected through either format, that are not legible will be rejected by the auditor.

REMINDER



What is bona fide residency?

A bona fide resident is someone who is *physically present in* the District.

Exception - students experiencing homelessness, and DC students in foster care but housed in another state.

In addition, they also need to provide valid supporting documentation to support their claim of residency.

Exceptions – students receiving subsidized child care

Do not “make the documents work”



Enrolling ineligible non-resident students can result in the student being excluded from school, the family being liable for retroactive tuition, and referral to the Office of the Attorney General for prosecution.



Pursuant § 38–312. Any person, including any District of Columbia public schools or public charter school official, who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, and payment of a fine of not more than \$2,000, or imprisonment for not more than 90 days.



Enrollment Guidance in response to COVID-19

Enrollment flexibilities in response to COVID19

- Expanded the use of electronic document submission, allowing enrolling persons and LEAs/CBOs to social distance
- Made parallel adjustments to DC DMV document expiration dates so that enrolling persons can use expired documents that they are currently unable to update
- Added Unemployment Insurance benefits as a valid supporting document to aid enrolling persons that are no longer able to use a paystub due to unemployment
- Released remote home visit guidance to support LEAs/CBOs enrolling students with no available residency documentation
- Allowed for the use of a lease proof of payment explanation letter so that persons paying a different rent amount than what is stipulated on the lease

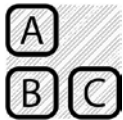
[See 2020-21 School Year Enrollment Process Guidance parts I, II, III, and IV on the OSSE Website.](#)



Enrollment Audit – Binder Preparation

How to set up your documents for the audit

OSSE reviews the collected residency verification forms during the annual enrollment audit. Each school must organize the residency verification forms and supporting documentation as follows:



Place all enrolled students residency forms **alphabetically by last name** in binders.



Typically there are **at least three binders** for each school.

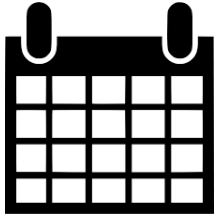


Organize the DCRV for each student with the **supporting documentation immediately following** the DCRV. *Do not staple any of the documents.*



Residency Records Retention Requirements

Records retention



3 YEARS

Residency documents must be maintained at the CBO for a period of no less than 3 years after the student exits the school – ***can be physical or electronic records.***

The LEA or educational institution shall not destroy any student record at any time if:

- there is an outstanding request to inspect and review them;
- there is pending legal action; or
- there is an open or ongoing investigation.

Key Takeaways

- Residency is based on **physical presence** and supporting residency documentation.
- Only an **eligible** person can enroll a student.
- Other primary caregiver (OPC) is only allowable in situations where the parent, custodian, guardian suffers from **serious family hardship**.
- Incomplete or invalid residency forms and documentation will result in a loss of funding for the student(s).
- Both **families and school officials** can be held accountable for knowingly supplying false information.
- Residency records need to be kept for at least 3 years.



Q + A



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