

DHB Self Attestation

Attachment 1a

For self-attestation of all eligibility criteria, when electronic or other documentation not available, enter the statement:
 “COVID19 See DHB Administrative Letter 01-20 and addenda”

Self-Attestation for Eligibility Criteria		
Eligibility Item	Documentation	NC FAST Verification Evidence
Medical Bills to Meet Deductible	Complete statement, including: <ul style="list-style-type: none"> • Date(s) of service • Provider name • Amount owed Caseworker must ensure bill(s) have not been applied to previously met deductible	Bill/Receipts
State Residence	Applicant checked “yes” or provided response they are state resident Provided NC address as residence	“Written declaration from Third Party” twice on: <ul style="list-style-type: none"> • Income Support, or • Insurance Affordability (MAGI)
Resources	Complete statement, including: <ul style="list-style-type: none"> • Type of resource • Location/name of financial institution • Account #, if known • Amount/value of asset 	“Not required per policy: for the following: <ul style="list-style-type: none"> • Annuity • Property • Trust • Vehicle
Income	Unearned income: <ul style="list-style-type: none"> • Source • Gross Amount • Frequency Earned income: <ul style="list-style-type: none"> • Employer/source • Gross Amount • Frequency/pay cycle 	“Other” – “enter comments” can be entered to satisfy the verification requirement for Income
Income deductions	Complete statement, including: <ul style="list-style-type: none"> • Type of deduction • Amount • Frequency Caseworker must ensure deduction is allowable	Use “Paystub/Earning statement”
Life Insurance	Complete statement, including: <ul style="list-style-type: none"> • Type of policy (term, whole life, etc.) • Owner • Face value • Cash value, if accrues 	“Written or Verbal Statement from Insurance Company”