

## .02 Dependent Care Expense Verification

Verify dependent child or incapacitated adult care expenses before allowing the expense.

### **NA EXCEPTION**

Verify the expense when it is questionable or results in an increase in benefits.

Acceptable verification includes the following:

- A current statement from a physician, psychologist, or the District Medical Consultant indicating that the incapacitated adult requires supervision or personal care.
- A signed and dated statement from the provider of the care.
- Paid receipt or participant's cancelled checks.
- [Collateral contact](#) when other documentation is unavailable.

Verification documentation must contain the following information:

- Name
- Address
- Telephone number
- Amount billed
- How often billed
- Period of time it covers
- The name of the participant receiving the care