SCSEP DATA VALIDATION
THIRD-PARTY ATTESTATION SIGNATURE FORMS

Instructions for SCSEP program personnel

The forms below are to be used by SCSEP personnel to allow third parties who have a relationship with a SCSEP applicant or participant to attest to information related to data elements that are validated by the SCSEP program. There is a separate form for each of the 14 data elements that accept signed third-party attestation as a form of source documentation. This enables SCSEP personnel to print out only the form(s) that are needed in a given situation.

The information attested to by third parties should amount to more than what the applicant or participant told the third party. On each form, then, the attester will be asked to provide specific information about his or her relationship to the applicant/participant, as well as an explanation of how he or she is in a knowledgeable position to attest to the facts cited.

NOTE 1: These forms are not meant to replace the Data Collection Handbook or the Data Validation Handbook. SCSEP personnel must refer to those sources for complete rules on allowable documentation.

NOTE 2: SCSEP personnel should be aware that participants who are able to present documentation that can be used to validate any of the data elements listed below have no need to rely on third parties to attest to the specific facts or use the relevant attestation form for that element. Relevant official source documentation can be sufficient, by itself, to validate any individual piece of information below.

Similarly, case notes and self-attestation may be used to validate the information for certain elements. Please refer to the DV handbook for exact instructions on when these other forms of validation are acceptable.

NOTE 3: The following data elements accept third-party attestation in whole or in part:

P8 – Homeless

P11– Number in family *(signed third-party attestation, as opposed to a medical professional, is not acceptable in establishing family-of-one is due to disability)*

P13 – Employed prior to participation

P14 – Total Includable Family Income (12 Month or 6 Month Annualized) *(for claims of zero income only)*

P22 – Limited English proficiency?

P24 – Low literacy skills?

P27 – At Risk of Homelessness

P44 – Recertification - Number in family

P45 – Recertification: Total Includable Family Income (12 month or 6 month annualized)

E6 – If exit is not due to unsubsidized employment, other reason for exit *(to establish an exclusion only)*

E9a – Exclusion discovered after exit *(to establish an exclusion only)*

U28c – Any wages for the first quarter after exit quarter? *(to establish an exclusion; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information) and the grantee is unable to obtain the information from the participant*

U29c – Any wages for the second quarter after exit quarter? *(to establish an exclusion; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information) and the grantee is unable to obtain the information from the participant*

U29e – Any wages for the third quarter after exit quarter? *(to establish an exclusion; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information) and the grantee is unable to obtain the information from the participant)*

U30c – Any wages for the fourth quarter after exit quarter? *(to establish an exclusion; to establish existence of wages only if the employer of the participant has not provided information on wages after reasonable efforts (e.g. 3 attempts) were made by the sub-grantee to obtain this information) and the grantee is unable to obtain the information from the participant*

Third-Party Attestation Form for Item P8
Homeless

On this date, I attest that _____ *(Name of Applicant)*
is homeless, that is
1. he/she lacks a fixed, regular, and adequate nighttime residence; **or**
2. he/she has a primary nighttime residence that is:

_____ a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);

_____ *(Name of Shelter)*

_____ an institution that provides a temporary residence for individuals intended to be institutionalized; or

_____ *(Name of Institution)*

_____ another public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

_____ *(Specify place)*

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the fact(s) cited above is required. (Note: Use the back of this form if additional space is needed):

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_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P11
Number in family

On this date, I attest that _____ *(Name of Applicant)* has _____ people living with him/her as part of his/her family.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the fact(s) cited above is required. (Note: Use the back of this form if additional space is needed):

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(Name of Attesting Individual)

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(Relationship of Attesting Individual to Applicant)

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(Signature of Attesting Individual)

_____
(Date)

Third-Party Attestation Form for Item P13
Employed prior to participation?

On this date, I attest that _____ *(Name of Applicant)*
is not employed at the time of application, that is:

1. he/she does not do any work at all as a paid employee; **and**
2. he/she does not do any work at all in his/her own business, profession, or farm; **and**
3. he/she does not work 15 hours or more as an unpaid worker in an enterprise operated by a member of his/her family; **and**
4. he/she does not have a job or business from which he/she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

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_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P14
Total includable family income (12 month or 6 month annualized)

On this date, I attest that _____ *(Name of Applicant)* had a "family income" (the combined income of his/her current family members, including parent, guardian, husband, wife, and/or dependent children, if applicable) of zero for the past

( ) six months ( ) twelve months

He/she has supported himself or herself during this period of time as follows:

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Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

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_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P22
Limited English Proficiency (LEP)

On this date, I attest that _____ *(Name of Applicant)*
has limited English proficiency, that is:

1. the applicant does not speak English as his or her primary language; **and**
2. the applicant has a limited ability to read, speak, write, or understand English.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

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_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P24
Low literacy skills?

On this date, I attest that _____ *(Name of Applicant)*
has low literacy skills, that is:

_____ the applicant computes or solves problems, reads, writes, or speaks at or below the 8th grade level; or

_____ the applicant is unable to compute or solve problems, read, write, or speak at a level necessary to function on the job, in the individual's family, or in society.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

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_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P27
At risk of homelessness?

Homelessness here is defined according to element P8 – Homeless, which states that participant is homeless if he or she:

1. lacks a fixed, regular, and adequate nighttime residence; **or**
2. has a primary nighttime residence that is:
   a. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
   b. an institution that provides a temporary residence for individuals intended to be institutionalized; or
   c. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

On this date, I attest that the following specific conditions place _____ *(Name of Applicant)* at risk of homelessness:

_____His or her rent/mortgage is unpaid or overdue;
_____She / he often borrows to pay rent/mortgage;
_____His / her real estate taxes are unpaid or overdue;
_____She/he is temporarily sharing space with a family or friend;
_____He/she has involuntarily moved several times in last year;
_____Her/his credit history or background disqualifies her/him from most rental/lease agreements;
_____He/she cannot pay rent/mortgage most months;
_____She /he frequently has unpaid or overdue electric/gas/water bills;
_____He/she has been evicted from a residence in the last 12 months;
_____She/he has lived in a shelter during the past 12 months

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

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_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Applicant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P44
Number in family at recertification

On this date, I attest that _____ *(Name of Participant)*

has _____ people living with him/her as part of his/her family.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

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_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Participant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item P45
Total includable family income (12 month or 6 month annualized) at recertification

On this date, I attest that _____ *(Name of Participant)* had a "family income" (the combined income of his/her current family members, including parent, guardian, husband, wife, and/or dependent children, if applicable) of zero for the past

( ) six months ( ) twelve months

He/she has supported his or her self during this period of time as follows:

_____

_____

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_____

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

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_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Participant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item E6
If exit is not due to unsubsidized employment, other reason for exit

On this date, I attest that _____ *(Name of Participant)*

_____ is deceased.
_____ is unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ He/She has a documented health/medical exclusion, that is:

1. he/she is in the care of Dr. _____ *(Name of Doctor)*, **and**
2. I have been informed by Dr. _____ *(Name of Doctor)* that
   a. his/her medical condition is expected to last at least 90 days, and
   b. his/her medical condition prevents him/her from continued participation in the SCSEP program and from working.

_____ He/She has a documented family care exclusion, that is:

1. he/she is providing care for _____ *(Name of Relative and Relationship to Participant)* , who is a member of his/her family, and
2. the family member is in the care of Dr. _____ *(Name of Doctor)*, **and**
3. I have been informed by Dr. _____ *(Name of Doctor)* that the medical condition is expected to last at least 90 days, and
4. the family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ He/She is institutionalized, that is:

1. he/she is receiving 24-hour care at _____ *(Name of Facility)*, which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ *(Name and Position)* that he/she is expected to remain at this facility for at least 90 days, which prevents him/her from continued participation in the SCSEP program and from working.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

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_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Participant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item E9
Exclusion discovered after exit

On this date, I attest that _____ *(Name of Participant)*

_____ is deceased.
_____ is unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ He/She has a documented health/medical exclusion, that is:
1. he/she is in the care of Dr. _____ *(Name of Doctor)*, **and**
2. I have been informed by Dr. _____ *(Name of Doctor)* that
   a. his/her medical condition is expected to last at least 90 days, and
   b. his/her medical condition prevents him/her from continued participation in the SCSEP program and from working.

_____ He/She has a documented family care exclusion, that is:
1. he/she is providing care for _____ *(Name of Relative and Relationship to Participant)* , who is a member of his/her family, and
2. the family member is in the care of Dr. _____ *(Name of Doctor)*, **and**
3. I have been informed by Dr. _____ *(Name of Doctor)* that the medical condition is expected to last at least 90 days, and
4. the family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ He/She is institutionalized, that is:
1. he/she is receiving 24-hour care at _____ *(Name of Facility)*, which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ *(Name and Position)* that he/she is expected to remain at this facility for at least 90 days, which prevents him/her from continued participation in the SCSEP program and from working.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

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_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Participant)*

_____ _____
(Signature of Attesting Individual) *(Date)*

Third-Party Attestation Form for Item U28c/U29c/U29e/U30c
Any wages for first/second/third/fourth quarter after exit quarter?

On this date, I attest that _____ *(Name of Participant)* received wages from ___ / ___ / _____ to ___ / ___ / _____, which is after he/she exited from the SCSEP program.

---------- **OR** ----------

On this date, I attest that _____ *(Name of Participant)*

_____ is deceased.

_____ is unable to continue participating in the SCSEP program and unable to work based on one of the following:

_____ He/She has a documented health/medical exclusion, that is:

1. he/she is in the care of Dr. _____ *(Name of Doctor)*, **and**
2. I have has been informed by Dr. _____ *(Name of Doctor)*that
   a. his/her medical condition is expected to last at least 90 days, **and**
   b. his/her medical condition prevents him/her from continued participation in the SCSEP program and from working.

_____ He/She has a documented family care exclusion, that is:

1. he/she is providing care for _____ *(Name of Relative and Relationship to Participant)*, who is a member of his/her family, **and**
2. the family member is in the care of Dr. _____ *(Name of Doctor)*, **and**
3. I have been informed by Dr. _____ *(Name of Doctor)* that the medical condition is expected to last at least 90 days, **and**
4. the family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

_____ He/She is institutionalized, that is:

1. he/she is receiving 24-hour care at _____ *(Name of Facility)*, which is a facility such as a prison or a hospital, **and**
2. I have been informed by _____ *(Name and Position)* that he/she is expected to remain at this facility for at least 90 days, which prevents him/her from continued participation in the SCSEP program and from working.

Specific information about your relationship to the applicant and an explanation of how you are in a knowledgeable position to attest to the facts cited above is required. Please provide this information below (Note: Use the back of this form if additional space is needed):

_____

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_____ _____
(Name of Attesting Individual) *(Relationship of Attesting Individual to Participant)*

_____ _____
(Signature of Attesting Individual) *(Date)*