

## Allowable FAMIS Verification Codes

	<b>Temporary Assistance</b>	<b>Food Stamps</b>	<b>Child Care</b>	<b>Family Healthcare</b>	<b>Adult MO HealthNet</b>
<b>Identity</b>	N/A	HC, TC, CC	N/A	HC,SY, IN	HC, SY, IN
<b>Birth/Age</b>	Children 18 and below- HC, TC, CC, SY, IN	N/A	IN Children 18 and below- HC, TC, CC, SY, IN	HC, TC, CC, SY, IN	HC, TC, CC, SY, IN
<b>Death</b>	HC, CC, TC, CS	HC, CC, TC, CS	HC, TC, CC, CS	HC, TC CC, CS	HC, TC CC,
<b>Non Citizen</b>	HC, TC, CC CS is acceptable for DTD, NOD, and NOC only	HC, TC, CC, CV CS is acceptable for DTD, NOD, NAT, and NOC only	HC, TC, CC CS is acceptable for DTD and NOD only	HC, TC, CC CS is acceptable for DTD and NOD only	HC, TC, CC CS is acceptable for DTD and NOD only
<b>Out of State Participation</b>	HC, TC, CC	HC, TC, CC	N/A	HC, TC, CC and CS	HC, TC, CC and CS
<b>Education Detail for Eligible Student</b>	N/A	HC, TC, CC, CS	N/A	HC,TC,CC,CS	N/A
<b>Education Detail to Exempt Student Earned Income</b>	N/A	HC, TC, CC, CS	N/A	HC, TC, CC	N/A
<b>Education Detail for IN child 18 years old and attending valid High School or Training</b>	HC, TC, CC	N/A	HC, TC, CC	HC, TC, CC	HC, TC, CC

<b>Supercase Residency</b>	Begin Date-Any, but not CS for children End Date-Any	Begin Date-Any End Date-Any	Begin Date-Any End Date-Any	Begin Date-Any End Date-Any	Begin date – Any End date-Any
<b>Work Requirements</b>	N/A	04-HC, TC, CC 03-Not Required 50-Not Required Code 01 or 02 and 6 or more Non Work months and switch worked 80 hours is Y – HC, TC, CC	N/A	N/A	N/A
<b>Social Security No.</b>	HC, CC, TC, SY, CS	HC, CC, TC, SY, CS	N/A	HC, CC, TC, SY, CS	HC, CC, TC, SY, CS
<b>Supercase Address</b>	N/A	HC, CC, TC, CS	N/A	N/A	N/A
<b>Missouri Residency and Intend to Remain</b>	Any Verification	N/A	Any Verification	Any Verification	Any Verification
<b>Child Care Need</b>	N/A	N/A	HC, TC, CC	N/A	N/A
<b>Special Need</b>	N/A	N/A	HC, TC, CC	HC, TC, CC	N/A
<b>Relationship</b>	HC, TC, CC For NRP also CS	N/A	HC, TC, CC For NRP also CS	HC, TC, CC For NRP also CS	HC, TC, CC
<b>Deprived of Parental Support</b>	HC, TC, CC For FND and NCO also CS	N/A	N/A	N/A	N/A
<b>Teen Parent in an Adult Supervised Setting</b>	If the teen parent is not in a supervised setting and good cause is entered-HC, TC, CC	N/A	N/A	N/A	N/A
<b>Disability</b>	N/A	HC, TC, CC	N/A	HC,TC,CC,CS	HC
<b>Liquid</b>	HC, TC, CC	HC, TC, CC, CS	N/A	N/A (USE NET	HC AND TC

<b>Resources</b>	For Cash also CS			WORTH)	
<b>Prepaid Burial /Life Insurance</b>	HC, TC, CC	HC, TC, CC, CS (Life Insurance not counted for FS)	N/A	N/A (USE NET WORTH)	HC, TC
<b>Vehicle</b>	HC, TC, CC, CS	HC, TC, CC, CS	N/A	N/A (USE NET WORTH)	HC,TC,CC, CS
<b>Real Property</b>	HC, TC, CC For Primary Residence also CS	HC, TC, CC, CS	N/A	N/A (USE NET WORTH)	HC AND TC  FOR HOME-STEAD CS
<b>Personal Property</b>	HC, TC, CC, CS	HC, TC, CC, CS	N/A	N/A (USE NET WORTH)	HC, TC,CC
<b>Transfer of Property</b>	N/A	HC, TC, CC	N/A	N/A	HC AND TC
<b>Income</b>	HC, TC, CC	HC, TC, CC, CS	HC, TC, CC, CS	HC, TC, CC	HC, TC, CC
<b>Cost of Producing Income</b>	HC, TC, CC	HC, TC, CC, CS	HC, TC, CC	HC, TC,CC	HC, TC,CC
<b>Shelter Expense</b>	N/A	HC, TC, CC, CS	N/A	N/A	HC, TC,CC, CS
<b>Court Ordered Child Support Expense</b>	HC, TC, CC	HC, TC, CC	N/A	HC, TC,CC	HC, TC,CC
<b>Dependent Care Expense</b>	HC, TC, CC	HC, TC, CC, CS	N/A	HC,TC,CC	HC,TC,CC
<b>Medical Expense</b>	N/A	HC, TC, CC For MI and TL also CS	HC, TC, CC	HC, TC, CC	HC, TC, CC