

DSS Street Address:

Phone: _____
Fax: _____

Case Identifier: _____
Worker: _____
Date Generated: _____
Due Date: _____

DSS Mailing Address:

Household Address:

Food and Nutrition Services (FNS) Notice of Information Needed

This letter is to let you know that we need you to provide more information to process your application for FNS benefits. We call this information proof. It proves that what you stated in your application is correct. We need this proof to help us decide if you can get FNS benefits. This letter lists what we need and what steps you should take to get it to us.

The items listed on this form are needed to complete your: Application Recertification Form Change

How can you give us the information we need? Choose the one that is easiest for you:

- By mail: You may mail copies of the documents to your local agency .
- In person: You may drop off copies of the documents at your local agency or either at the front desk or using the drop box near the entrance..
- By fax: You may fax the documents to _____.

If we don't receive this information by _____ your FNS benefits may be delayed, denied, reduced, or terminated.

- Proof of Residency (Where you Live)
- Proof of Identity (name): _____
- Social Security numbers or proof of application for Social Security Number for (name): _____
- Proof of Citizenship for (name): _____
- Proof of Immigration Status for (name): _____
- Authorized Representative form signed by (name): _____
- Proof of all income received during the last 30 days for (name): _____
- Proof of Self-Employment/Farm Income and itemized receipts of expenses for (name) _____ for the month(s) of _____ or Tax Forms for the year(s) of _____.
- Odd jobs: Record showing date worked, who paid you, date paid, amount paid, and work-related expenses of all income received during the last 30 days for (name): _____

- Current proof of: Social Security Veteran Benefits (VA) Workers Compensation Pension/Retirement
- Disability Payments Child Support Alimony Interest Income Rent/Utility Assistance
 - Statement from anyone who gives you money every month.
 - Statement from anyone who pays rent to you each month.
 - Other: _____

Case Identifier: _____

- Interview Appointment: To complete the application process you must be interviewed. If unable to keep this appointment, please contact us to reschedule. If you fail to complete an interview your application will be denied 30 days from the date of your application.
- Return on (date) _____ and (time) _____ to complete your interview.
 - We will contact you by telephone on (date) _____ and (time) _____ to complete your interview.
- You are potentially eligible to receive expedited services. If you do not complete your interview by (date) _____ you may still get benefits, but you will lose your right to receive expedited services.
- Missed Interview Appointment: You missed your scheduled interview appointment. It is your responsibility to contact the agency to reschedule your missed interview. If you fail to complete an interview your application will be denied 30 days from the date of your application.
- Other: _____

The items listed BELOW are needed from the last 30 days to allow deductions from your income. If these items in this section are not returned, we will process your Application Recertification Change without deductions. If returned, you may get more FNS benefits.

- Child Support paid by (name) _____ for the months of _____
- Medical bills or receipts for (name) _____ for the months of _____
- (Include doctors, hospitals, medicine prescribed and over the counter, Medicare part D premiums, medical insurance premium, transportation to doctor, attendant or nursing care, medical supplies, dental care, eye glasses, hearing aids.)
- Medicare or private insurance reimbursements Receipt or statement from Day Care Provider
- Proof of: Rent Mortgage Property Tax Property Insurance
- Other: _____

The agency can assist with obtaining the required verification as long as the household is cooperating. I understand that this is my responsibility to get the information to determine my eligibility for FNS. If I have problems in getting this information, I will let my caseworker know.

Caseworker's Signature: _____ Date: _____ Telephone Number: _____