



Date

Caseworker

Office Address and Telephone No.

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Request for Domicile Verification

Name of Client	Case No.
Address	

The person listed above has told us that you are not related to them but are familiar with their family. To help us correctly evaluate the household's situation, we need your assistance.

Please complete the information requested on page 2 of this letter and return it to me in the postage paid envelope provided. Please return it as soon as possible, but no later than

Date

Your help is greatly appreciated.

Domicile Verification

(The form must be completed by a nonrelative who does not live with the client.)

Please list all of the persons living in the home, including the client named on the front of this form:

Name	Relationship to Client	Name of Employer
Name of Client		

I can verify the above information because I am:

<input type="checkbox"/> A Neighbor	<input type="checkbox"/> An Employer	<input type="checkbox"/> A School Official	<input type="checkbox"/> A Clergyperson	<input type="checkbox"/> A Friend	<input type="checkbox"/> A Landlord
<input type="checkbox"/> A Child Care Provider <input type="checkbox"/> Other (explain): _____					

How long have you known the family?

Years	Months	Weeks
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X	Name
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Signature	Date
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Address	Telephone
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Fecha

Trabajador de casos

Dirección y número de teléfono de la oficina

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Solicitud de verificación de dirección

Nombre del cliente	Número de caso
Dirección	

La persona indicada antes nos dijo que no hay parentesco entre ustedes, pero que usted conoce a su familia. Necesitamos su ayuda para poder evaluar correctamente la situación del hogar.

Por favor, dé la información que se pide en la página 2 de esta carta y devuélvamela en el sobre adjunto. No necesita estampilla. Por favor, devuélvala lo antes posible, a más tardar el

Fecha

Agradecemos mucho su ayuda.

