

Case Name:  
 Case Number:  
 Date:  
 DHS Office:  
 Specialist / ID: /  
 Phone:  
 Fax:  
 Individual ID:

**STATE OF MICHIGAN**  
**Department of Human Services**

If you do not understand this, call a DHS office in your area.  
 DHS employees are prohibited by law from providing legal advice.  
 Si usted no entiende esto, llame a una oficina de DHS en su área.  
 La ley prohíbe a los empleados de DHS proporcionar asesoría legal.  
 إذا واجهت صعوبة في فهم هذا الطلب، فاتصل بمكتب DHS الموجود في منطقتك.  
 يحرم القانون على موظفي DHS إعطاء النصيحة القانونية.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.  
**AUTHORITY:** Act 280 of 1939, as amended, and Title IV and XIX of the Social Security Act.  
**COMPLETION:** The school administration's voluntary cooperation is requested.  
**PENALTY:** None for the school administration's refusal to fill out form. However, failure of school to provide information may result in denial, reduction, or loss of assistance for client.

**ENTER ADDRESSEE NAME**  
**ENTER ADDRESSEE CARE OF**  
**ENTER ADDRESSEE PO BOX OR STREET**  
**ENTER ADDRESSEE CITY/STATE/ZIP**

**VERIFICATION OF STUDENT INFORMATION**

Student Name	Student's Birthdate	Date Completed
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**CLIENT INSTRUCTIONS & RELEASE OF INFORMATION:**

- It is necessary to verify school enrollment, attendance and progress for students who are receiving or applying for public assistance. For the Family Independence Program, all children between the ages of 6-18 are expected to be attending school full-time or benefits may be denied, reduced, or terminated.
- This form must be completed by the school. Sign below, then take or mail the form and the return envelope to the school.
- It is your responsibility to have the form completed and returned to your worker by \_\_\_\_\_ or your benefits may be denied, reduced, or terminated.

**To school official: You are authorized to release the information requested below to the Department of Human Services.**

Client Signature	Date
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**INSTRUCTIONS FOR SCHOOL OFFICIAL:**

We are requesting your help in verifying enrollment, attendance and progress of the above-referenced student. Please complete the information on the back of this form and return it to our office. A stamped self-addressed envelope has been enclosed for that purpose.

**TO BE COMPLETED BY SCHOOL OFFICIAL:**

1. Name of School	
Address of School	City
2. Name of Responsible Person With Whom the Student is Residing	3. Relationship to Student
4. Address of Student's Home	City
5. Enrollment Status: <input type="checkbox"/> FULL TIME STUDENT <input type="checkbox"/> HALF TIME STUDENT <input type="checkbox"/> LESS THAN HALF TIME <input type="checkbox"/> NOT CURRENTLY ENROLLED	
6. Attendance: <input type="checkbox"/> REGULARLY ATTENDING <input type="checkbox"/> ATTENDING SOMETIMES <input type="checkbox"/> NOT ATTENDING If not regularly attending, is absence due to disability or periods of extended illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	Since (Give Date)

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7. Type of Program <input type="checkbox"/> K-12	<input type="checkbox"/> COLLEGE OR UNIVERSITY	<input type="checkbox"/> VOCATIONAL TRADE OR TECHNICAL TRAINING <input type="checkbox"/> YES <input type="checkbox"/> NO Is a High School diploma/GED Required for this program	
8. Curriculum or Major	Participating in Work Study <input type="checkbox"/> YES <input type="checkbox"/> NO	School Year/Term/Semester Begin Date	End Date
9. Degree Being Pursued: <input type="checkbox"/> HIGH SCHOOL DIPLOMA	<input type="checkbox"/> ASSOCIATE OF ARTS DEGREE <input type="checkbox"/> B.A./B.S	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> OTHER (Specify)	Expected Date of Completion/Graduation

**21 Day Compliance Test**

<input type="checkbox"/> Complete if box is checked
10. Has the child regularly attended all school days for the past 21 calendar days? <input type="checkbox"/> Yes <input type="checkbox"/> No

11. Comments

12. Signature of School Official	Title	Phone Number	Date
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