We must review your eligibility so you may continue to receive benefits. 
YOU MUST:

· Review and answer the questions on this form (if you need additional space for any of the questions, use a separate piece of paper and attach it to this form).

· Sign the certification section. An unsigned form is considered incomplete.

· Mail completed form in the return envelope provided or fax the form to the County Assistance Office with:
  · Proof of all household members' income from work.
  · Proof of any changes reported on this form.

Please read the instructions on page A and if you need help or if you have questions about the proof needed to verify changes, call your caseworker or the Change Center.

Please return ALL pages of this form in the enclosed envelope.

If you wish to claim good cause, sign and include page A.
1. **These are the household members you last reported to be in your household.**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Did anyone move into or out of your household? Yes_____ No_____. If yes, list who and their relationship to you.

<p>| | | | |</p>
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<thead>
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<tbody>
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</tbody>
</table>

2. **These are the household members you last reported to be working and where they worked.**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Where Employed</th>
<th>Date Employment Began</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Did any household member start a new job, change a job, or stop working? Yes ____ No _____. If yes, list any changes, such as job start date, end date, date of first pay, how often paid.) Provide proof (pay stubs, employer statements, etc.)

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</table>

3. Provide proof (pay stubs, employer statements, etc.) of all work income any household member received in the month of: 

<p>| |</p>
<table>
<thead>
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<th></th>
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</table>
4. These are the household members you last reported to have income from a source other than work or public assistance (Examples: child support, Social Security, pension income, etc.)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Type of Income</th>
<th>Amount</th>
</tr>
</thead>
</table>

Did any household member lose or start receiving income or have a change in amount? Yes [ ] No [ ]
If yes, list any changes. Provide proof (award letter, support court orders, etc.)

5. Is the address on this form your current address? Yes [ ] No [ ]
If no, what is your new address? Provide proof. (Examples: Lease, landlord statement, deed, etc.)

If you receive food stamps and you have moved, what are your shelter (rent/mortgage) and utility costs? Do you pay for your own heating and/or air conditioning? Yes [ ] No [ ]
*Answering these questions may help you receive more food stamp benefits.
6. This is the last reported amount of child support paid for children outside the household.

Did any household member have a change in the amount he is requested to pay? Yes [ ] No [ ]. If yes, list any changes. Provide copy of support court order or letter and proof of payment.
* You do not have to answer this question or provide proof. Answering this question and providing proof may help you to remain eligible or receive more benefits.

<table>
<thead>
<tr>
<th>Caregiver</th>
<th>Paid For</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Are there any changes? Yes [ ] No [ ]. If yes, list any changes. Provide copy of bill or statement from caregiver.
* You do not have to answer this question or provide proof. Answering this question and providing proof may help you to remain eligible or receive more benefits.

7. This is the information you last reported about child care or for care of a sick or disabled person.

<table>
<thead>
<tr>
<th>Caregiver</th>
<th>Paid For</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

8. These are the household members you last reported to have resources, including vehicles. (Examples: bank accounts, property, etc.)
* If this form is to determine eligibility for medical benefits only and you are pregnant OR under 21 years of age OR living with your dependent child who is under the age of 21, you do not have to answer this question.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Resource Type</th>
<th>Total Value</th>
<th>Amount Owed</th>
<th>Resource Description</th>
</tr>
</thead>
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</table>

Has the information in this section changed? Yes [ ] No [ ].
Does any household member have resources not listed above? Yes [ ] No [ ].
If you answered yes to either question, list any changes. Provide proof (copy of bank statement, vehicle registration, etc.)
CERTIFICATION

I swear that the information given on this form is complete and correct to the best of my knowledge. I agree to report any changes in circumstances that may affect my eligibility or the amount of cash, Medicaid and/or food stamp benefits. I understand that willful failure to give accurate information or to report changes may result in a fine or imprisonment or both. I understand that changes in income, circumstances, and/or other factors as reported on this form may cause my cash assistance, medicaid and/or food stamp benefits to be increased, decreased or stopped.

Signature of Payment Name                        Authorized Representative for Food Stamps

or

Daytime Telephone Number

DATE __________________________

Page 5
INSTRUCTIONS

Your household circumstances require you to report semiannually (every 6 months). The information on the semiannual reporting form is needed to determine your continued eligibility for cash, food stamps, Extended Medical Coverage and/or Medicaid. It is also needed to calculate the amount of your monthly cash and/or food stamp benefits. You must give us information for the reporting month shown on page 1 of the form. You are asked to provide child care information: failure to do so could lead to lower benefits or ineligibility.

Note: You may report changes at any time if the change would increase your benefits (such as if you lose your job or your hours of work decrease).

When answering the questions, you must give us information for all persons included in your cash, food stamps and/or Medicaid benefits. This includes stepparents and information for sponsors of aliens, even if the sponsor does not live in your home. You can use a separate sheet of paper to explain any of your answers or give additional information. A separate sheet of paper must be sent in with the form.

You must complete, sign and return the form to the county assistance office by the date shown on page 1 of the form. IF YOU NEED HELP TO COMPLETE THE FORM, CALL YOUR CASEWORKER OR CHANGE CENTER.

NOTICE

- If the form is late or incomplete, you may not receive you cash and/or food stamp benefits on time.

- If you DO NOT return the form, action may be taken to close your case. This action may include your cash assistance, food stamps and/or Medicaid (55 Pa Code 133.84(d), 104.401, 140.513(3), 201.1, 201.3 and 7 CFR 273.12 (a)(1)(viii)).

- If you disagree with the decision to reduce or stop your benefit(s), you have the right to appeal. You will be sent a notice to tell you about any proposed reduction or stoppage of your benefits.

- If your case is closed, you may have to complete a new application and be otherwise eligible to have benefits restored.

GOOD CAUSE

YOU MAY CLAIM "GOOD CAUSE" if you have good reason for not completing the form or for returning it late. To claim "good cause", you must state your reason(s) in the space below, sign your statement and return this form to the county assistance office as soon as possible, within 30 days from the due date. You may also claim "good cause" orally by contacting your caseworker, but you must also return this form to the county assistance office as soon as possible, within 30 days from the due date.

I AM CLAIMING "GOOD CAUSE" BECAUSE:

CLIENT SIGNATURE:

For DPW use ONLY

Approved __________________________ Disapproved __________________________

-PAGE A-

COMMONWEALTH OF PENNSYLVANIA    DEPARTMENT OF PUBLIC WELFARE

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Important Information

About the Department of Public Welfare’s Notice of Privacy Practices.
If you need a free translation of this information, contact your County Assistance Office.

YOU MAY REQUEST A COPY OF THE DEPARTMENT’S NOTICE OF PRIVACY PRACTICES

The Department of Public Welfare’s Notice of Privacy Practices explains how information about you is used and disclosed. This Notice is available at any time through your County Assistance Office and online at www.dpw.state.pa.us. If you would like us to send you a copy of the Notice of Privacy Practices, please contact your caseworker. You may also request a copy in person at your County Assistance Office.

USTED PUEDE SOLICITAR UNA COPIA DEL AVISO DE LAS NORMAS DE PRIVACIDAD DEL DEPARTAMENTO

El Aviso de las Normas de Privacidad del Departamento de Bienestar publico explica como se utiliza y divulga información sobre usted. El Aviso esta disponible en cualquier momento en la Oficina de Asistencia del Condado o en línea en www.dpw.state.pa.us. Si desea que nosotros le envíemos una copia del Aviso de las Normas de Privacidad, comunícúese con su asistente social. También puede solicitar una copia un persona en la Oficina de Asistencia del Condado.