

**NOTICE OF EXPIRATION**

Your FS will expire:   
 To receive Food Stamps and/or FI without interruption you must complete and return the form below with all proof of information to your local DSS Office as soon as possible, but no later than:

**IMPORTANT – PLEASE READ THIS**

- THIS FORM WILL BE CONSIDERED FILED AS LONG AS IT CONTAINS YOUR NAME, ADDRESS AND SIGNATURE.
- ANSWER ALL QUESTIONS ON THIS FORM. IF THE SPACE ON THE FORM IS NOT BIG ENOUGH FOR YOUR ANSWER, YOU MAY ATTACH AN ADDITIONAL SHEET OF PAPER.
- FAILURE TO ANSWER THE QUESTIONS CORRECTLY OR RETURN THE FORM BY THE DUE DATE WILL DELAY, REDUCE OR STOP YOUR FI CHECK AND/OR FOOD STAMPS.
- IF YOU MAIL YOUR FORM BY THE DUE DATE AND DO NOT RECEIVE A NOTICE OF APPROVAL OR DENIAL BY THE LAST DAY OF THAT MONTH, CONTACT YOUR CASEWORKER.
- YOUR CASEWORKER MAY CONTACT YOU FOR ADDITIONAL PROOF OF ALL INFORMATION YOU PROVIDE ON THIS FORM.
- YOU MAY CONTACT US FOR OTHER INTERVIEW METHODS. YOU MUST CONTACT US TO RESCHEDULE A MISSED INTERVIEW.
- IF EVERYONE IN YOUR HOUSEHOLD RECEIVES SSI, YOU MAY APPLY FOR FOOD STAMPS AT THE SOCIAL SECURITY ADMINISTRATION.

**MAILED RECERTIFICATION FORM**

<input type="text"/>	DATE RECEIVED – OFFICE ONLY	If you need help with this form, call:	CO. NO.	CASE NAME
	<input type="text"/>		<input type="text"/>	<input type="text"/>
			CASE NUMBER	CASE LOAD ID
			<input type="text"/>	<input type="text"/>
			WORKER NAME	
			<input type="text"/>	
			FOOD STAMP CERT. THRU DATE	
			<input type="text"/>	

This form is considered filed if received with only your name, address and signature. I certify that the following questions have been answered truthfully and completely under the penalty of perjury. I understand that the information given on this form may cause my FI or Food Stamp benefits to stop or change. I give permission for the Department of Social Services to make any necessary contacts to check my statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

1. Tell us where you live and how you can be reached.

Last Name:	First Name:	MI:	Daytime Phone:	
Street Address: (Include Apt./Lot No.)	City:	State:	Zip Code:	County: Select County ...
Mailing Address: (If Different, Include Apt./Lot No.)	City:	State:	Zip Code:	County: Select County ...

2. Tell us who lives with you. List yourself on the first line.

List Names as They Appear on the Person's Social Security Card (If the person has a card)	Age	Sex (M or F)	Relationship to Name on Line 1	If Attending School, Name of School	Grade
1.			Self		
2.					
3.					
4.					
5.					
6.					

3. Are any of the above individuals a fleeing felon, probation/parole violator, or convicted of a controlled substance abuse violation that occurred after August 22, 1996?  Yes  No If yes, name: \_\_\_\_\_

4. Does anyone in your household work?  Yes  No If yes, send in all paystubs received in: \_\_\_\_\_  
If you do not have all paystubs, have your employer complete this section.

A					B								
NAME OF PERSON WORKING					NAME OF PERSON WORKING								
NAME AND ADDRESS OF EMPLOYER					NAME AND ADDRESS OF EMPLOYER								
1.	DATE PAY RECEIVED			GROSS PAY	TIPS	TOTAL HOURS	1.	DATE PAY RECEIVED			GROSS PAY	TIPS	TOTAL HOURS
	MO	DAY	YEAR					MO	DAY	YEAR			
2.							2.						
3.							3.						
4.							4.						
5.							5.						
SIGNATURE OF EMPLOYER					EMPLOYER'S LOCAL TEL. NO.	SIGNATURE OF EMPLOYER					EMPLOYER'S LOCAL TEL. NO.		

5. Does anyone in your household get money other than from work?  Yes  No


OTHER INCOME	AMOUNT	HOW OFTEN DO YOU GET THIS INCOME?	WHO GETS THIS INCOME?
Child Support (Voluntary or court ordered)	\$		
SSI	\$		
Social Security Payment	\$		
Unemployment Benefits	\$		
Veterans Benefits	\$		
Other: (Explain)	\$		

6. Does anyone in your household pay for any of these expenses?  Yes  No  
If yes, complete the information to show you want the deduction and send proof.

ITEM	WHO PAYS?	AMOUNT	ITEM	WHO PAYS?	AMOUNT
Rent		\$	Mortgage/2nd Mortgage/		\$
Land Payment		\$	Property Taxes/Assessments Not Included In House Payments		\$
Mobile Home Rental Space/Lot		\$	Homeowner's Insurance Not Included In House Payments		\$

Do you have heating costs?  Yes  No Do you have air conditioning costs?  Yes  No  
Does anyone receive energy assistance payments?  Yes  No

7. Does any person pay for child care, or pay for the care of a disabled adult household member?  Yes  No  
Send all bills and/or receipts for \_\_\_\_\_ and complete the information below for that month.

Who does the sitter care for?:	Who pays the sitter?:
Name of Sitter:	
Cost:	How often?:
If you do not have all bills/receipts, have sitter complete this section: 	
Sitter's Signature:	Telephone of Sitter:
Do you receive an ABC Child Care Voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Does any person age 60 or over, or who is receiving disability benefits pay for any medical expenses over \$35 monthly themselves?  Yes  No Do you wish to claim a deduction for these expenses?  Yes  No  
If Yes, send in receipts or a computer printout of expenses or we cannot give you a deduction.

9. Do you have a legal agreement/court order requiring you to pay child support to someone outside of your home?  Yes  No  
If you do and you want to claim a deduction for these payments, send proof of the agreement.

Also, send the amount of the payments you made for \_\_\_\_\_.  
If you do not provide proof, we cannot give you a deduction.

10. If you wish to change your head of household, contact your caseworker.