

FOOD AND NUTRITION SERVICES (FNS) NOTICE OF INFORMATION NEEDED

Name _____(1) County _____(2)

FSIS Case ID No. _____(3) FNS Worker _____(4)

The items listed on this form are needed to complete your Application Recertification Change (5)

If we don't receive this information by _____(6) your FNS benefits may be delayed, denied, reduced, or terminated.

(7) Proof of: Residency (Where you Live) Identity

Social Security numbers or proof of application for _____.

Proof of: Citizenship Alien Status for _____.

Authorized Representative form signed by _____.

Wages: Pay stubs or wage letter for _____ for the months of _____.

Proof of Self-Employment/Farm Income and itemized receipts of expenses for the months of _____ or Tax Form (Year _____).

Odd jobs: Record showing date worked, who paid you, date paid, amount paid, and work related expenses for the months of _____.

Current proof of: Social Security VA Workers Comp. Pension/Retirement Rent/Utility Assistance Disability Payments Child Support Alimony Interest Income Other _____.

Statement from anyone who: Gives you money every month. Pays rent to you each month.

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 _____ at _____ to complete your interview.

We will contact you by telephone at _____ on _____ to complete your interview.

You are potentially eligible to receive expedited services. If you do not complete your interview by _____ 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 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 to allow deductions from your income. If these items in this section are not returned, we will process your Application Recertification Change (8) without deductions.

If returned, you may get more FNS benefits.

(9) Child support paid by _____ for the months of _____.

Medical bills or receipts for _____ 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 _____

I understand that it 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.

Client's Signature (10) _____ Witness (11) _____ Date (12) _____

Caseworker's Signature (13) _____ Date (14) _____ Telephone Number (15) _____

INSTRUCTIONS FOR COMPLETION OF THE DSS-8650

Use this form to request verification of information at the time of application, recertification, or reported change. Allow the Food and Nutrition Services (FNS) unit at least 10 calendar days to return the needed verification.

DO NOT DENY OR TERMINATE BENEFITS when verification of a deductible expense is not returned by the processing deadline. Process the case without the deduction. If verification is returned later, process as a change in situation.

1. Client Name
2. County Name
3. County FNS Case Number
4. FNS Worker Name
5. Enter Application, Recertification, or Change
6. Enter date verification must be returned. Allow the FNS unit at least 10 calendar days to return needed verification.
7. Check one or more boxes for information needed. If "other" is checked, write in the specific information needed.
8. Enter Application, Recertification, or Change
9. Check one or more boxes for information needed. If "other" is checked, write in the specific information needed.
10. Client signature (if present at the time of the request)
11. Witness signature, if needed
12. Date Client signs
13. Caseworker signature
14. Date Caseworker signs
15. Caseworker telephone number