

FOODSHARE AND/OR CHILD CARE SIX-MONTH REPORT

TO AVOID A DELAY IN YOUR FOODSHARE AND/OR CHILD CARE BENEFITS, ANSWER ALL QUESTIONS, SIGN AND RETURN THIS FORM BY _____ TO THE AGENCY LISTED BELOW. IF THIS FORM IS NOT COMPLETED AND RETURNED BY _____ YOUR FOODSHARE AND/OR CHILD CARE BENEFITS WILL END.

CERTIFYING AGENCY:

Case Number:
Case Name:
Worker Information
Name:
ID:
Phone:

----- COMPLETE THIS FORM USING BLUE OR BLACK INK. PLEASE PRINT. -----

Please enclose all papers that provide proof of your answers **including all pay stubs** received in the last 30 days for all employed household members. For additional information regarding proof, refer to the instructions. Your worker will contact you if more information is needed to determine your eligibility for FoodShare and/or Child Care benefits.

SECTION 1 – ADDRESS / SHELTER EXPENSE INFORMATION

The address listed below is what we have on file for your household.

Have you moved to a different address? Yes No If “No”, you may skip to “Section 2 – Child Support Payments”.
If “Yes”, please complete the rest of this section. Enclose proof of your new address, shelter, and utility expenses.

What is your new address? If you are homeless, write “Homeless” in the space below.

Street _____ Apt Number _____

City _____ Zip Code _____

Telephone Number _____

If you do not have a telephone, what is a number where you can be reached? _____

If you pay rent or lot rent, how much do you pay? \$ _____ per month
(If you live in subsidized housing, write in the amount of rent you must pay.)

If you have a mortgage, how much do you pay? \$ _____ per month

Property Taxes (if paid separately from your mortgage) \$ _____ per month

Homeowners Insurance (if paid separately from your mortgage) \$ _____ per month

What utility bills do you pay? (Check all that apply.)

- HEAT TELEPHONE WATER or SEWER
 ELECTRICITY COOKING GAS TRASH REMOVAL

SECTION 2 – CHILD SUPPORT PAYMENTS

Has any household member had a change in his or her legal obligation to pay child support? Yes No

If “Yes”, explain the change.

SECTION 3 – HOUSEHOLD MEMBERS

Below are the names of all people we have as living in your household. Review the names and check “Yes”, if they still live with you, or “No”, if they do not.

	Yes	No		Yes	No		Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Please complete the information below for new household members who were not pre-printed on the form. Use an additional sheet of paper if more room is needed or if more people have moved in with you.

First Name _____ Last Name _____

Date of Birth (mm/dd/yy) _____ US Citizen Yes No Gender: Male Female

Social Security Number _____

What is the date this person moved in with you? (mm/dd/yy) _____

Does this person purchase and prepare or share food with you? Yes No

Is this person related to you? Yes No

If “Yes”, how is he or she related to you (for example, son, mother, brother, sister, etc.)? _____

SECTION 4 – HOUSEHOLD INCOME

A. Is anyone in your household employed? Yes No
If “Yes”, provide the following information for any person in your household who is working.

<u>Name</u>	<u>Employer</u>	<u>How Often Paid</u> <u>(weekly, biweekly, etc.)</u>	<u>Date Started</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REMINDER: ENCLOSE ALL PAY STUBS RECEIVED IN _____, FOR ALL EMPLOYED HOUSEHOLD MEMBERS. Pay stubs received in the last 30 days or an employer statement may also be used to verify current wages.

B. This is the information we have about people in your household who are self-employed.

<u>Name</u>	<u>Type of Business</u>	<u>Average Counted Monthly Income</u>
_____	_____	_____
_____	_____	_____

If this information is not correct, please explain the change here: _____

If anyone in your household has self-employment income not listed above, complete the information below.

<u>Name</u>	<u>Type of Business</u>	<u>Average Monthly Income</u>	<u>Date Self-Employment Began</u>
_____	_____	_____	_____

C. Does anyone in your household receive other income? Yes No

If “Yes”, list the source and monthly income amount below. Some examples of other income are payments from Child Support, Unemployment, Worker’s Compensation or Social Security.

<u>Name</u>	<u>Source of Income</u>	<u>Monthly Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 5 – SIGNATURE

I certify that my answers on this form are correct and complete to the best of my knowledge. I understand that the information I provide on this form may result in a change or termination of my benefits. I also understand that if I intentionally give incorrect information it may result in a fine and/or imprisonment.

SIGNATURE _____ Date Signed _____