

REQUEST FOR INFORMATION

_____ **COUNTY**

NAME _____ **EPICS #** _____

We are reviewing your Food and Nutrition Services case for a possible overissuance of benefits. Because of this review, we are asking you to provide the verification requested below. **You do not have to come into the agency or provide this information if you do not want to. This investigation will continue with or without your cooperation. Failure to provide this information will not affect your current Food and Nutrition Services unless you have received a separate notice from your caseworker regarding your current benefits.**

Please reply by _____.

___ Wage stubs from _____ for the past _____.

___ Proof of where you live.

___ Names, addresses, and telephone numbers of two people who know where you live and who lives in your home.

___ Current bank statement or bank book for all bank accounts.

___ Current balance of stocks/bonds, trust funds, mutual funds, and IRA's.

___ Year, make, and model of all vehicles owned by you or anyone in your home.

___ Your tax forms showing self employment or farm income for year _____.

___ Records showing income you received from "odd jobs."

___ Proof of other income from _____.

___ Proof of child support paid and/or received.

___ Proof of rent amount and who pays rent.

___ Receipt or statement from child care provider for _____.

___ Other _____

A self-addressed envelope is enclosed for your convenience.

Please call me at (_____) _____ if you have any questions.

Investigator _____ **Date** _____