

HOUSEHOLD DATA SHEET
 FACE SHEET

COUNTY _____

REGION _____

REVIEW NO. _____

DATE _____

1. HEAD OF THE HOUSEHOLD

NAME _____

MAILING ADDRESS _____

ACTUAL ADDRESS _____
 (IF DIFFERENT)

2. MEMBERS OF THE HOUSEHOLD

	NAME	AGE OR BIRTHDATE			RELATIONSHIP	ALC OR DA	SOCIAL SECURITY NUMBER	PA GA SSI NA	PA GA OR SSI CASE NUMBER
		AGE OR BIRTHDATE	IN CASE FILE	VERIFIED	IDENTIFY				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

3. HOUSEHOLD PARTICIPATED DURING SAMPLE MONTH

_____ YES _____ NO

4. FOOD STAMP INFORMATION

STAMP VALUE \$ _____

CASH REQUIRED \$ _____

ADJUSTED NET INCOME \$ _____

5. IDENTIFYING INFORMATION

CASE NUMBER _____

REVIEWER _____

TELEPHONE NO (RECIPIENT) _____

TYPE OF CASE (CHECK ONE)
 _____ ACTIVE _____ NEGATIVE

- IF TYPE OF CASE IS CHECKED NEGATIVE -
 SKIP TO OTHER INFORMATION

MOST RECENT ACTION (CHECK ONE)

_____ NEW CERTIFICATION _____ SUBSEQUENT CERTIFICATION

MOST RECENT CERTIFICATION DATE

PERIOD COVERED BY MOST RECENT CERTIFICATION
 FROM _____ TO _____

PERIOD OF CERTIFICATION (CHECK ONE)

_____ LESS THAN 3 MONTHS
 _____ 3 MONTHS BUT LESS THAN 6 MONTHS
 _____ 6 MONTHS BUT LESS THAN 12 MONTHS
 _____ ANNUALLY

FREQUENCY OF ISSUANCE (CHECK ONE)

_____ MONTHLY
 _____ SEMI-MONTHLY
 _____ QUARTER MONTHLY

PERIOD COVERED BY MOST RECENT CERTIFICATION
 FROM _____ TO _____

6. OTHER INFORMATION