

Iowa Department of Human Services
HOUSEHOLD MEMBER QUESTIONNAIRE

Date: _____

To: _____

From: _____

Please note below, the Release of Information authorizing you to release to the Iowa Department of Human Services the following required information. If you have any questions, call collect, at the above listed number. Please return this questionnaire by _____. A return envelope is enclosed for your convenience. Thank you for your cooperation.

Please provide information regarding my address and the people living in my home to the Iowa Department of Human Services. I release you from liability for disclosing this information even if it is confidential.

Signature	Date
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Address of _____ as of _____

was _____
Street
City
State
Zip Code

List everyone living with _____ as of _____

I am a Neighbor Friend Other, Explain: _____

Signature of Person Providing the Information	Date	Telephone No. ()	
Street	City	State	Zip Code