

New Household Member

Date:
County:
Worker Number:
Worker Name:
Phone:

Worker E-mail:
Information is due by:

Dear _____

You reported _____ has joined your household. Please provide us the information below by 4:30 p.m. on _____, so we can determine eligibility for benefits. If you don't want to use this form, you can answer these questions in another way, such as a written statement.

Failure to provide ALL the requested information and provide verification of income may result in cancellation or denial of your benefits.

ALL THE INFORMATION ON THIS FORM REFERS TO _____

Person's name:	Birth date:
Relationship to you:	SS number:
Marital status:	Last grade completed:
Date moved in:	Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)
Is this person (check the one that applies): <input type="checkbox"/> Citizen <input type="checkbox"/> National <input type="checkbox"/> Alien	

- What assistance are you requesting for this person? FIP Medicaid SNAP *hawk-i*

INCOME:

- Does _____ have any income? Yes No

If yes, complete the boxes below. (Below are examples of income.)

Wages and tips	Disability	Supplemental Security Income (SSI)
Self-employment	Social Security	Child support, alimony, commissions
Veteran's benefits	Interest/dividends	Pension or other retirement
IPERS, civil service	Railroad retirement	Military dependency allotment/allowance
Room and/or board	Job insurance benefits	Money from other persons, gifts, loans
Worker's compensation	Lump sum payment	Student loans, training allowance, JTPA
Other money received in exchange for work		

Source of Income	Amount	How Often Received	Day of Week Check is Received	Tips, if Any

- Please **send proof** of gross (before taxes) income received in the last 30 days. Examples of proof: pay stubs, a statement from their employer, etc.

- Has _____ quit a job or reduced their earnings in the last 60 days?
 Yes No (**check one**) If yes, explain: _____

If a box is checked below, please complete the enclosed form(s) so we can determine eligibility:

- Statement of Citizenship Status Notarized Statement for Child Support Recovery Office
 Absent Parent Information Sheet Employer's Statement of Earnings
 Report on Incapacity

RESOURCES:

- Does _____ have any resources? Yes No
 If yes, complete the boxes below. (Below are examples of resources.)
 Cash Checking account Savings account Retirement account
 Burial contract or plot Safety deposit box Machinery, tools Livestock, real estate
 Conservatorship or trust fund Other asset of value Property sold on contract Stock, bonds, time certificates

Type of Resource	How much is it worth?	Where is it?

VEHICLES:

- Does _____ have any vehicles? Yes No
 If yes, complete the boxes below. (Examples are automobiles, trucks, motorcycles, snowmobiles, boats, campers, trailers.)

Type of Vehicle	Make, model, year	How much is it worth?	Amount owed on it

LIFE INSURANCE:

- Does _____ have any life insurance? Yes No If yes, complete the boxes below.

Company Name	Address	Policy Number	Year Purchased	Face Value

OTHER QUESTIONS: Please answer the questions below.

If yes, please explain.

- Does _____ pay child support or alimony to anyone outside of your home? For whom and amounts? Yes No _____
- Is _____ covered by health insurance? Yes No _____
- Does _____ expect to receive a settlement or inheritance in the next 12 months? Yes No _____
- Did _____ receive a gift of money or a loan or win any money in the last 30 days? Yes No _____
- Did _____ transfer, sell or give away assets on or after July 1, 1993? (Assets include real and personal property, real estate, and income.) Yes No _____
- Did _____ create a trust on or after July 1, 1993? Yes No _____

If you have difficulty in providing this information by the above due date, please contact our office right away.

Collect calls will be accepted. Language interpretation may be available. Thank you for your cooperation.