

Food Assistance Interim Report

County Number

Worker Name

Case Number

Due Date

Why do I need to fill out this form?

It's time to review your case. Please fill out this form and send or bring it to the address above by the due date shown. This information will be used to decide if you will continue to get Food Assistance benefits. If you do not do this, we may stop your assistance.

What do I do with this form?

You must:

- Fill out this form.
- Send proof if the question has **Send proof** Examples of proof of the money you get can be check stubs, self-employment records or award letters.
- Sign and date page 3.
- Send or bring the form and your proof to us at the address above by _____.
- Use extra paper, if needed for your answers.

What if I have questions?

Call your worker at _____. We will accept collect calls.

Household Members

These people get benefits with you or are counted to figure your benefits.

Name	State ID	Birth Date	Name	State ID	Birth Date

Household Members (cont.)

1. Did someone move in or out? No Yes, list below

Person's name	Relationship	Birth date
Social Security Number	Date moved in	Date moved out

Expenses

2. If you moved, fill in below:

New address (street, apt., city, zip)	Phone number
Mailing address, if different from above	

List your share of:

Rent _____ Property taxes _____
Lot rent _____ Homeowner's insurance _____
Mortgage _____

If you moved, check the boxes next to the utility payments you have:

- Heat Lights Garbage and trash
 Air conditioning Gas Extra charges from your landlord
 Telephone Water and sewage Check this if the extra charges include heat or air conditioning

3. Did anyone in your household start paying court-ordered child support or did the amount of court-ordered support change? No Yes, list below

Send proof

Amount paid monthly _____

Money You Get

4. Did anyone have a job or self-employment in the last 30 days? No Yes, list below

**Send all pay stubs or proof of income for the last 30 days.
If income started in the last 30 days, send proof of the date of the first pay.
If income stopped in the last 30 days, send proof of the date of the last pay.**

Send proof

Name of person who worked	Name of employer
Name of person who worked	Name of employer

5. Did income like Social Security, SSI, child support, or unemployment benefits change by more than \$50 a month? No Yes, list below and

Send proof

Name of person	Type of income
Name of person	Type of income

Resources (Assets)

6. Did anyone get a car, truck, boat, camper, motorcycle or other licensed vehicle?

No Yes, list below

Make	Model	Year

7. Did anyone get a new bank account or did the amounts in accounts you already have go up?

No Yes, list below

Total amount in all bank accounts _____

What can I choose to report?

You do not have to report the answers to the questions here. You may get more benefits, if you do report these.

8. If you did not move, did your rent or mortgage go up?

List your share of rent or mortgage _____

9. Did you start paying child or dependent care or did the costs you pay increase?

Send proof

Circle the reason for the care Work School Other (Explain) _____

Amount of child or dependent care _____

Will the changes I reported continue?

After answering this question, be sure to sign and date the bottom of this page.

10. Do you expect the changes you reported on this form to be the same next month?

Yes No, list the change that will not be the same _____

Your Signature and Understanding

I understand what can happen if I hide information or give wrong information.

I agree to give proof of any changes I report.

Federal officials, the Food Assistance office, the Quality Control unit, and other state officials may contact other people or organizations to get proof of my information.

I understand my expenses may be used to figure out how much Food Assistance I get. I understand that I may have these expenses included in my Food Assistance benefit calculation by reporting and giving proof of the expenses. If I do not report or give proof of an expense, I have chosen not to claim the expense. I can report and give proof of the expense later, and the expense can be used for future months.

I know what I reported may cause my benefits to be reduced, increased or stopped.

I certify, under penalty of perjury, that my answers are correct and complete to the best of my knowledge.

Signature/Mark

Today's Date (Month, Day, Year)

Phone Number

Rules of the Food Assistance Program

Follow these rules:

- **Don't** hide or give wrong information on purpose to get Food Assistance benefits.
- **Don't** use Food Assistance benefits to try to buy non-food items like alcohol or tobacco.
- **Don't** trade, sell or give away Food Assistance benefits.
- **Don't** use someone else's Food Assistance benefits for yourself.

Penalties of the Food Assistance Program

Anyone who breaks the above rules:

- May not get Food Assistance benefits for **1 year for the first time, 2 years for the second time, and forever for the third time;**
- May be fined up to \$250,000 or jailed up to 20 years or both; and
- May be kept off Food Assistance for an additional 18 months, if court ordered.

If a court finds you guilty of buying, selling, or trading more than \$500 in Food Assistance benefits, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for firearms, ammunition or explosives, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.

You will not get Food Assistance for 10 years if you are found guilty of getting or trying to get Food Assistance in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.

Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.

You Have the Right to Appeal

You or the person helping you may ask for an appeal hearing either verbally or in writing if you do not agree with any action taken on your case. You may contact your county DHS office about legal services that are available based on your ability to pay. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

You Will Not Be Discriminated Against

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write to: USDA, Director, Office for Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave SW, Washington D.C. 20250-9410 or call 1-800-795-3272 (Voice) or (202) 720-5964 (TDD).