

FOOD ASSISTANCE INTERIM REPORT FORM

Name: _____ Case Number: _____

Address: _____

City, State, Zip: _____

We need the following information to determine if you are still eligible for food assistance. Please complete this form and return it to us by _____.

If you do not complete and return this form your food assistance case will close
_____.

Use extra paper if needed to answer all the questions.

This action is based on Kansas Economic and Employment Services Manual Sections 9122 and 9372.

If you have questions or need help completing the interim report form, contact your local DCF office or call 1-888-369-4777.

1. Have any persons moved in or out of your home since you last reported? No Yes
If yes, list the name and date of birth and mark whether they moved in or moved out of your home below.

Name Date of Birth
_____ (check one) Moved In Moved Out

_____ (check one) Moved In Moved Out

_____ (check one) Moved In Moved Out

_____ (check one) Moved In Moved Out

2. For all persons in your home who are working, answer the following questions:

- a. Has anyone changed employers since last reported? No Yes

If yes, enter name _____ and complete the following. If no, go to item b below.

Name of Employer _____ Phone Number _____

Hours Worked Per Week _____ Hourly Rate or Salary _____

Day of Week Paid _____ How Often Paid _____ Date of First Pay _____

If anyone has changed employers, please provide the most recent 30 days of paystubs.

- b. If anyone is still with the same employer, has there been a change in the wage rate, salary, or full-time or part-time employment status since you last reported? No Yes

If yes, enter name _____ and complete the following:

Hours Worked Per Week _____ Hourly Rate or Salary _____

Explain: _____

If the income has changed, please provide the most recent 30 days of paystubs.

3. Has anyone started a job since last reported? No Yes
 If yes, enter name _____ and complete the following:
 Name of Employer _____ Phone Number _____
 Hours Worked Per Week _____ Hourly Rate or Salary _____
 Day of Week Paid _____ How Often Paid _____ Date of First Pay _____
If anyone has started a job, please provide the most recent 30 days of paystubs.
4. Has anyone stopped a job since last reported? No Yes
 If yes, explain: _____
5. For all persons in your home that are getting other income (child support, Social Security, SSI, VA, Unemployment Benefits, etc.), has that income changed by more than \$50? No Yes
 If yes, explain: _____
6. Has the amount of cash on hand, stocks, bonds or money in a bank account or savings institution reached or gone over \$2,250? No Yes
 If yes, explain: _____
7. Have you moved? No Yes
 If yes, answer the following questions:
 a. Your new address: _____
 b. Date moved: _____
 c. Landlord name, address and phone _____

 d. Rent/mortgage amount: _____
 e. Property taxes not included in mortgage (if applicable) _____
 f. Homeowners insurance not included in mortgage (if applicable) _____
 g. Do you pay for heating or cooling at your new address? No Yes
8. For all persons in your home that have a legal obligation to pay child support, have there been any changes in the legal obligation to pay child support (court ordered amount increased or decreased)? No Yes
 If yes, explain: _____

If yes, please provide proof of the change in your legal obligation to pay child support.
9. List any other information you would like DCF to know: _____

10. Signature and Date:
I UNDERSTAND THE QUESTIONS ON THIS FORM, AND I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION GIVEN BY ME ON THIS FORM IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I also understand that any changes reported on this form may result in a reduction or termination of benefits. I also understand that if I am found guilty of fraud I may not get food assistance for one year for the first offense, two years for the second offense and permanently for the third offense.
 SIGNATURE _____ DATE _____
 TELEPHONE NUMBER WHERE YOU CAN BE REACHED _____