

## 12 MONTH REPORT FORM

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

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  
\_\_\_\_\_.

YOU NEED TO ATTACH PROOF OF THE MOST RECENT 30 DAYS OF EARNED INCOME  
THAT HAS BEEN RECEIVED BY ALL HOUSEHOLD MEMBERS.

Use extra paper if needed to answer any of the questions.

This action is based on Kansas Economic and Employment Services Manual Section 9371.

If you have questions, or need help completing the report form, contact your worker at the DCF  
office.

### FOOD ASSISTANCE 12 MONTH REPORT FORM

1. Has any person moved in or out of your household? No \_\_\_\_ Yes \_\_\_\_

If yes, explain: \_\_\_\_\_

2. Has any household member gotten married, divorced or separated? No \_\_\_\_ Yes \_\_\_\_

If yes, explain: \_\_\_\_\_

3. Has any household member started receiving income from a new source? No \_\_\_\_ Yes \_\_\_\_

If yes, explain and attach proof: \_\_\_\_\_

4. Has any unearned income received by your household gone up or down  
by more than \$50 per month? (Examples of unearned income are SSI,  
Social Security, VA, retirement benefits, etc.) No \_\_\_\_ Yes \_\_\_\_

If yes, explain and attach proof: \_\_\_\_\_

5. List how much you pay each month for the following:

Rent/mortgage:	\$ _____
Property taxes (not included in mortgage payment):	\$ _____
Homeowner's insurance (not included in mortgage payment)	\$ _____
Utilities you pay separate from rent/mortgage:	\$ _____
Medical Expenses (please explain in the space below)	\$ _____

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6. Have you moved? No \_\_\_\_ Yes \_\_\_\_

If yes, what is your new mailing address and phone: \_\_\_\_\_

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7. If you pay child support, have you had any changes in the legal obligation to pay child support? No \_\_\_\_ Yes \_\_\_\_ If yes, explain:

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8. Other information you need to report: \_\_\_\_\_

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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_