

**Department for Children and Families  
Rehabilitation Services**

**KANSAS RESIDENCY VERIFICATION**

Client Name \_\_\_\_\_ SSN \_\_\_\_\_

Date \_\_\_\_\_

I certify that I continue to maintain my permanent Kansas residency at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If requested, I agree that I will promptly provide verification. Verification may include:

- A copy of my driver's license.
- A copy of my state/federal income tax forms.
- A copy of my vehicle registration.
- Other documentation to be identified by my Counselor.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to:

*(insert Counselor name and address)*