

Purchase and Prepare Statement

Since you are living with other persons, we need to know if you will be purchasing and preparing your meals separately or together. We need for you to verify this in writing.

Mark one of the following boxes that applies to your situation, and sign, date and return this form and any additional information requested below by _____.

I state that I **DO** purchase and prepare my household's meals with the following person(s):

NOTE: you may be required to provide additional information for this person(s).

I state that I **DO NOT** purchase and prepare my household's meals with the following person(s):

Signature:

Date:

Failure to provide this information could result in your food assistance benefits being changed, denied, or closed.

If you have questions, call _____ at _____
between the hours of _____.