Statement of Understanding:
Mid-Certification Review

Washington State Department of Social & Health Services
Transforming lives

To keep receiving cash or food assistance, you must complete a Mid-Certification Review. There are three ways for you to complete your review:

1. On the phone by calling 1-877-501-2233.

2. By completing form DSHS 14-467 and

   - Faxing it to us at 1-888-338-7410; or

   - Mailing it to us at PO BOX 11699, TACOMA WA 98411.

3. By going over your current circumstances with us in the local office, signing, and dating this form.

What you must report on your Mid-Certification Review:

- A change of address and your shelter costs at a new address.

- Changes in who lives in your household.

- Changes in your household's income from **any source**. This includes income from working, unemployment compensation, social security, Labor & Industries, and child support.

- Changes in any child support that you are legally required to pay for a child you don't live with.

- If you don't have children in your household, and an able-bodied person's work hours go below 20 hours a week.

Read carefully and sign before returning this form:

- I understand that DSHS rules require me to complete this Mid-Certification Review and tell DSHS about changes in my household's circumstances according to WAC 388-418-0005 and WAC 388-418-0011.

- I understand that it is a crime for me to tell a lie in order to get cash or food benefits. I also understand it is a crime if I don't tell DSHS something I know I have to report.

- I understand that if I provide information I know is wrong, I could be charged with a crime.

- I understand the penalties for breaking food assistance rules include being disqualified from receiving food assistance, fines, or imprisonment.

- I understand that if I don't provide proof of changes that could make my benefits go up, DSHS won't use these changes to determine my benefits.

- I understand that what I've told the department in this report may impact my benefits.

- I declare under penalty of perjury that information I told DSHS in this report is true and correct to the best of my knowledge.

SIGNATURE	DATE	PRINTED NAME	CLIENT ID NUMBER

Barcode label

02611