

Mid-Certification Review

To keep getting benefits, you must complete your mid-certification review by mail, drop-off, or phone.

<p>For Cash:</p> <ul style="list-style-type: none"> ▪ Answer every question; ▪ Provide proof of income; ▪ Provide proof of all changes; and ▪ Sign and return this review form. 	<p>For Working Family Support:</p> <ul style="list-style-type: none"> ▪ You do not need to answer questions 3, 4, 5 or 12. ▪ You must provide proof of income and hours worked. 	<p>For Basic Food:</p> <ul style="list-style-type: none"> ▪ You do not need to answer questions 3, 4, 5 or 12. ▪ If you receive Basic Food only, you're not required to provide proof of income for this review. However, you can provide proof of a decrease in income for a possible increase in benefits. ▪ Sign and return this review form. 				
1. Name, Current Address, and Contact Information						
FIRST NAME	LAST NAME	CLIENT IDENTIFICATION (ID) NUMBER				
STREET ADDRESS WHERE YOU LIVE	CITY	STATE ZIP CODE				
MAILING ADDRESS IF DIFFERENT	CITY	STATE ZIP CODE				
PRIMARY PHONE NUMBER <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> MESSAGE	SECONDARY PHONE NUMBER(S) <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> MESSAGE					
2. People Moving In or Out of Your Home						
Did anyone move into or out of your home? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No						
NAME	RELATIONSHIP TO YOU	DATE MOVED IN	DO YOU WANT BENEFITS FOR THIS PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE MOVED OUT		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Pregnancy (Not Needed for Food Assistance)						
Did anyone have a change of pregnancy in the last six months? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No						
NAME	EXPECTED DUE DATE	PREGNANCY END DATE				
4. Cash Resources (Not Needed for Food Assistance)						
Do the people in your household have cash resources? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No						
OWNER	CHECKING	SAVINGS	STOCKS	BONDS		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
5. Vehicles (Not Needed for Food Assistance)						
Did someone get a vehicle in the last six months? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No						
OWNER	MAKE (EXAMPLES: FORD, DODGE)	MODEL (EXAMPLES: FOCUS, NEON)	MODEL YEAR (EXAMPLES: 1998, 2004)	CURRENT VALUE	AMOUNT OWED	IS THIS A LEASED VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
6. New Income / Income That Has Stopped						
Did someone start or stop getting income in the last six months? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No (EXAMPLES: NEW JOB / UNEMPLOYMENT COMPENSATION / SOCIAL SECURITY / L&I BENEFITS / CHILD SUPPORT)						
NAME OF PERSON WITH INCOME	EMPLOYER OR OTHER SOURCE OF INCOME	DID INCOME START OR STOP? <input type="checkbox"/> Start <input type="checkbox"/> Stop	DATE INCOME STARTED	DATE INCOME STOPPED		



7. Lottery or Gambling Winnings					
Did someone win \$3,750 or more in lottery or gambling winnings in the last six months? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No					
NAME OF THE WINNER	SOURCE OF THE WIN	AMOUNT OF THE WIN (BEFORE TAXES)	DATE RECEIVED		
		\$			
8. Earnings / Self-Employment Income					
NAME OF PERSON WITH INCOME	EMPLOYER AND CONTACT PERSON WHO CAN VERIFY YOUR INCOME	EMPLOYER PHONE NUMBER	PAY RATE (EXAMPLES: \$10 PER HOUR/ \$1,200 PER MONTH/ \$2 PER BUSHEL)	WEEKLY HOURS WORKED	DAYS PAID (EXAMPLES: 10 TH AND 25 TH /EVERY OTHER FRIDAY, EVERY TUESDAY/DAILY)
			\$ per		
			\$ per		
If you or someone else in your home is an able-bodied adult without dependents and receive food assistance, have the work hours fallen below 20 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Child Support You are Legally Required to Pay					
Did someone have a change in their child support order? <input type="checkbox"/> Yes (tell us more below) <input type="checkbox"/> No					
PERSON WHO IS LEGALLY OBLIGATED TO PAY CHILD SUPPORT	NAME OF CHILD COVERED IN SUPPORT ORDER	AMOUNT OF MONTH CHILD SUPPORT ORDER	AMOUNT OF SUPPORT THEY PAY PER MONTH		
		\$	\$		
10. Income from Other Sources					
NAME OF PERSON WITH INCOME	SOURCE OF INCOME (EXAMPLES: SOCIAL SECURITY / CHILD SUPPORT / L&I BENEFITS / UNEMPLOYMENT COMPENSATION)	HOW OFTEN RECEIVED (EXAMPLES: WEEKLY/MONTHLY)	AMOUNT RECEIVED EACH MONTH		
			\$		
			\$		
11. Rent / Mortgage / Taxes and Mandatory Fees					
LIST MONTHLY AMOUNTS OF THE FOLLOWING EXPENSES			LIST YEARLY AMOUNTS OF THE FOLLOWING EXPENSES IF NOT INCLUDED IN YOUR MORTGAGE OR LEASE		
Mortgage/rent: \$ _____	Is any part of your mortgage / rent paid by someone else or an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Property taxes: \$ _____		
How much do they pay: \$ _____	How much do you pay: \$ _____		Homeowner's insurance: \$ _____		
Space rent: \$ _____			Association/condo fee: \$ _____		
Required rental fees: \$ _____					
12. Utility Costs					
What utilities does your household pay for <u>separately</u> from rent or mortgage?					
<input type="checkbox"/> Heat (Electric / Gas) <input type="checkbox"/> Electric (Not Heat) <input type="checkbox"/> Water <input type="checkbox"/> Home / Cell Phone <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage <input type="checkbox"/> I received a Low Income Home Energy Assistance Act (LIHEAA) payment in the past 12 months.					



13. Voter Registration

The Department offers voter registration services as required by the National Voter Registration Act of 1993. Applying to register or declining to register to vote will not affect the services or amount of benefits that you may be provided by this agency. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Washington State Elections Office PO Box 40229, Olympia, WA 98504-0229 (1-800-448-4881).

Do you want to register to vote or update your voter registration? Yes No

14. Signature and Date

By signing this form I state the information I gave in this document is true, correct, and complete to the best of my knowledge. I know the information I give on this form may stop or reduce my benefits. I know it is a crime to incorrectly receive cash or food benefits by making a false statement on purpose or failing to report something I know I should report. I understand if I provide information I know is incorrect, I could be criminally prosecuted. I understand penalties for intentionally breaking food assistance rules include disqualification, fines, or imprisonment. I understand if I don't provide proof of income changes that increase my benefit for cash or food assistance, changes won't be used to determine my benefits.

SIGNATURE OF HEAD OF HOUSEHOLD OR AUTHORIZED REPRESENTATIVE

DATE

