|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mid-Certification Review** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **To keep getting benefits, you must complete your mid-certification review by mail, drop-off, or phone.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For Cash:**   * Answer every question; * Provide proof of income; * Provide proof of all changes; and * Sign and return this review form. | | | | | **For Working Family Support:**   * You do not need to answer questions 3, 4, 5 or 12. * You must provide proof of income and hours worked. | | | | | | | | | | | **For Basic Food:**   * 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS WHERE YOU LIVE CITY STATE ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIMARY PHONE NUMBER  CELL  HOME  MESSAGE | | | | | | | | | | | | | | | SECONDARY PHONE NUMBER(S)  CELL  HOME  MESSAGE | | | | | | | | | | | | | | |
| **2. People Moving In or Out of Your Home** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did anyone move into or out of your home?  Yes (tell us more below)  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | RELATIONSHIP  TO YOU | | | | | | | | DATE MOVED **IN** | | | | | | DO YOU WANT BENEFITS FOR THIS PERSON? | | | | | | | | DATE MOVED **OUT** | | |
|  | | | | |  | | | | | | | |  | | | | | | Yes  No | | | | | | | |  | | |
|  | | | | |  | | | | | | | |  | | | | | | Yes  No | | | | | | | |  | | |
| **3. Pregnancy (Not Needed for Food Assistance)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did anyone have a change of pregnancy in the last six months?  Yes (tell us more below)  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | EXPECTED DUE DATE | | | | | | | | | | | | | PREGNANCY END DATE | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
| **4. Case Resources (Not needed for Food Assistance)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do the people in your household have cash resources?  Yes (tell us more below)  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER | | | | CHECKING | | | | | | | | SAVINGS | | | | | | | STOCKS | | | | | | | BONDS | | | |
|  | | | | **$** | | | | | | | | **$** | | | | | | | **$** | | | | | | | **$** | | | |
|  | | | | **$** | | | | | | | | **$** | | | | | | | **$** | | | | | | | **$** | | | |
| **5. Vehicles (Not Needed for Food Assistance)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did someone get a vehicle in the last six months?  Yes (tell us more below)  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER | MAKE (EXAMPLES: FORD, DODGE) | | | | | | MODEL (EXAMPLES: FOCUS, NEON) | | | | | | | MODEL YEAR (EXAMPLES: 1998, 2004) | | | | | CURRENT VALUE | | | | | AMOUNT OWED | | | | IS THIS A LEASED VEHICLE? | |
|  |  | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | Yes  No | |
| **6. New Income / Income that has Stopped** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did someone start or stop getting income in the last six months?  Yes (tell us more below)  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? | | | | | | | DATE INCOME STARTED | | | | | DATE INCOME STOPPED |
|  | | |  | | | | | | | | | | | | | | Start  Stop | | | | | | |  | | | | |  |
| **7. Lottery or Gambling Winnings** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did someone win $4,250 or more in lottery or gambling winnings in the last six months?   Yes (tell us more below)  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF THE WINNER | | | | | | | | | | SOURCE OF THE WIN | | | | | | | | | | AMOUNT OF THE WIN (BEFORE TAXES) | | | | | | | DATE RECEIVED | | |
|  | | | | | | | | | |  | | | | | | | | | | **$** | | | | | | |  | | |
| **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 /  $2 PER BUSHEL) | | | | | | | | WEEKLY HOURS WORKED | | | DAYS PAID (EXAMPLES: 10TH AND 25TH / EVERY OTHER FRIDAY, EVERY TUESDAY / DAILY) | | |
|  | |  | | | | | | | | |  | | | | | **$** per | | | | | | | |  | | |  | | |
|  | |  | | | | | | | | |  | | | | | **$** per | | | | | | | |  | | |  | | |
| If you or someone else in your home is an able-bodied adult without dependents and receive food assistance, have the work hours fallen below 20 hours per week?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. Child Support You are Legally Required to Pay** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did someone have a change in their child support order?  Yes (tell us more below)  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSON WHO IS LEGALLY OBLIGATED TO PAY CHILD SUPPORT | | | | | | NAME OF CHILD COVERED IN SUPPORT ORDER | | | | | | | | | | | | AMOUNT OF MONTH CHILD SUPPORT ORDER | | | | | | | AMOUNT OF SUPPORT **THEY PAY** PER MONTH | | | | |
|  | | | | | |  | | | | | | | | | | | |  | | | | | | | **$** | | | | |
| **10. Income from Other Sources: Changes in unearned income more than $100 per month must be reported.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF PERSON WITH INCOME | | | | | | | | SOURCE OF INCOME (EXAMPLES: SOCIAL SECURITY / CHILD SUPPORT / L&I BENEFITS / UNEMPLOYMENT COMPENSATION) | | | | | | | | | | | | | HOW OFTEN RECEIVED (EXAMPLES: WEEKLY / MONTHLY) | | | | | | | AMOUNT RECEIVED EACH MONTH | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | **$** | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | **$** | |
| **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?  Yes  No  How much do they pay: $  How much do you pay: $  Space rent: $  Required rental fees: $ | | | | | | | | | | | | | | | | Property taxes: $  Homeowner’s insurance: $  Association/condo fee: $ | | | | | | | | | | | | | |
| **12. Utility Costs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What utilities does your household pay for separately from rent or mortgage?  Heat (Electric / Gas)  Electric (Not Heat)  Water  Home / Cell Phone  Sewer  Garbage  I received a Low Income Home Energy Assistance Act (LIHEAA) payment in the past 12 months. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **13. Food Assistance Penalty Warning** | |
| **We check with other agencies that your information is correct. If any information is incorrect, the persons who apply may not get Food Assistance.**  **Any member who breaks any of the rules on purpose can be:**   * **Subject to prosecution under other applicable Federal and State laws** * **Disqualified from SNAP for one year up to permanently** * **Fined up to $250,000** * **Imprisoned up to 20 years; or** * **Disqualified from SNAP for an additional 18 months if court ordered.**   **If a court finds you guilty of:**  **Receiving benefits in a transaction involving: You may be:**   * **The sale of a controlled substance Disqualified from two years to permanently.** * **The sale of firearms, ammunition, or explosives Permanently disqualified.** * **Trafficking benefits of more than $500 combined Permanently disqualified.** * **Residency or identity fraud Disqualified for 10 years** | |
| **14. 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 | |
| **15. 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 |