

Name: _____
Address: _____

Return to:
P.O. Box 2104
Frankfort, KY 40602
Fax: (502) 573-2007

Information Request

Case Name : _____

We need information about _____ . Please answer the
(Client First Name, Last Name)
questions below as completely as you can to the best of your knowledge. If you don't know an answer, you may skip the question. If you need more space, use the next page for additional comments. **This form cannot be signed by a member of the household.**

Residency

What is this person's address (including county) and phone #?

(Address where this person lives [not mailing address])

(City) (State) (Zip) (County) (Phone #)

Household Composition

List everyone who lives at this address. Enter names in the boxes below.

| | | |
|----|----|-----|
| 1. | 5. | 9. |
| 2. | 6. | 10. |
| 3. | 7. | 11. |
| 4. | 8. | 12. |

Are you related to any household member listed above? Yes No

Are you the manager/landlord? Yes No If yes, please complete the landlord section below. If no, skip to the signature section.

For Landlords Only

Utilities

Is _____ responsible for paying for heating or air conditioning?
(Client First Name, Last Name) Yes No

Is _____ responsible for paying for utility expenses other than
(Client First Name, Last Name)
heating or air conditioning such as water or sewer? Yes No

Rent

Is the household responsible for paying rent? Yes No

If yes, how much? \$ _____ per week month

Does this person work in exchange for rent instead of paying? Yes No

If yes, how many hours per week? _____

Does someone outside the household pay all or part of the rent? Yes No

If yes, who, and how much? HUD Section 8 \$_____ per week month

other agency \$_____ per week month

other person: name(s) _____ \$_____ per week month

Who do they pay? _____ landlord both
(Client First Name, Last Name)

Are utilities included in the rent? Yes No

If no, are utilities billed to the recipient? Yes No Unknown

Does HUD Section 8 or any other agency pay all or part of the utilities? Yes No

If yes, how much? \$_____

Did this person receive a Home Energy Assistance Program (HEAP) payment of more than \$20 or more for the above listed address? Yes No

Is utility payment deducted from rent? Yes No

If yes, total tenant payment. \$_____

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 1-866-632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
Stop 9430
1400 Independence Ave, SW
Room 212-A Whitten Building
Washington, D.C. 20250

(2) fax: 202-690-7442 ; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 E Main St 5C-D, Frankfort, KY 40621 or call 1-502-564-7770 EXT. 4107.

If you have other complaints about your SNAP case, you can call the Ombudsman's Office at 1-800-372-2973 or (TTY) 1-800-627-4702.

Signature Section

Remember: This form cannot be signed by a member of the household.

Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state and federal law, including fines, imprisonment, or both.

I, _____, certify that the information contained in this form is true and
(Printed name)

correct to the best of my knowledge.

Signature of person providing information: _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Additional Comments: