

**FOOD AND NUTRITION SERVICES (FNS) NOTICE OF INFORMATION NEEDED**

Name \_\_\_\_\_(1) County \_\_\_\_\_(2)

Case ID No. \_\_\_\_\_(3) FNS Worker \_\_\_\_\_(4)

The items listed on this form are needed to complete your  Application  Recertification  Change (5)

**If we don't receive this information by \_\_\_\_\_(6) your FNS benefits may be delayed, denied, reduced, or terminated.**

(7) Proof of:  Residency (Where you Live)  Identity

Social Security numbers or proof of application for \_\_\_\_\_.

Proof of:  Citizenship  Alien Status for \_\_\_\_\_.

Authorized Representative form signed by \_\_\_\_\_.

Proof of income of all income received during the last 30 days \_\_\_\_\_  
for the months of \_\_\_\_\_.

Proof of Self-Employment/Farm Income and itemized receipts of expenses for the months of \_\_\_\_\_  
\_\_\_\_\_ or  Tax Form (Year \_\_\_\_\_).

Odd jobs: Record showing date worked, who paid you, date paid, amount paid, and work related expenses for the  
months of \_\_\_\_\_.

Current proof of:  Social Security  VA  Workers Comp.  Pension/Retirement  Rent/Utility Assistance  
 Disability Payments  Child Support  Alimony  Interest Income  Other \_\_\_\_\_.

Statement from anyone who:  Gives you money every month.  Pays rent to you each month.

Interview Appointment: To complete the application process you must be interviewed. If unable to keep this appointment  
please contact us to reschedule. If you fail to complete an interview your application will be denied 30 days from the date  
of your application.  Return on \_\_\_\_\_ at \_\_\_\_\_ to complete your interview.

We will contact you by telephone at \_\_\_\_\_ on \_\_\_\_\_ to complete your interview.

You are potentially eligible to receive expedited services. If you do not complete your interview by  
\_\_\_\_\_ you may still get benefits but you will lose your right to receive expedited services.

Missed Interview Appointment: You missed your scheduled interview appointment. It is your responsibility to contact the  
agency to reschedule your interview. If you fail to complete an interview your application will be denied 30 days from the  
date of your application.

Other \_\_\_\_\_.

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**The items listed BELOW are needed to allow deductions from your income. If these items in this section are not  
returned, we will process your  Application  Recertification  Change (8) without deductions.**

**If returned, you may get more FNS benefits.**

(9) Child support paid by \_\_\_\_\_ for the months of \_\_\_\_\_.

Medical bills or receipts for \_\_\_\_\_ for the months of \_\_\_\_\_.  
(Include doctors, hospitals, medicine-prescribed and over-the counter, Medicare part D premiums, medical insurance premium,  
transportation to doctor, attendant or nursing care, medical supplies, dental care, eye glasses, hearing aids.)

Medicare or private insurance reimbursements  Receipt or statement from Day Care provider

Proof of:  Rent  Mortgage  Property Tax  Property Insurance

Other \_\_\_\_\_

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**The agency can assist with obtaining the required verification as long as the household is cooperating. I  
understand that it is my responsibility to get the information to determine my eligibility for FNS. If I have problems  
in getting this information, I will let my caseworker know.**

Client's  
Signature (10) \_\_\_\_\_ Witness (11) \_\_\_\_\_ Date (12) \_\_\_\_\_

Caseworker's  
Signature (13) \_\_\_\_\_ Date (14) \_\_\_\_\_ Telephone  
Number (15) \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETION OF THE DSS-8650

Use this form to request verification of information at the time of application, recertification, or reported change. Allow the Food and Nutrition Services (FNS) unit at least 10 calendar days to return the needed verification.

DO NOT DENY OR TERMINATE BENEFITS when verification of a deductible expense is not returned by the processing deadline. Process the case without the deduction. If verification is returned later, process as a change in situation.

1. Client Name
2. County Name
3. County FNS Case Number
4. FNS Worker Name
5. Enter Application, Recertification, or Change
6. Enter date verification must be returned. Allow the FNS unit at least 10 calendar days to return needed verification.
7. Check one or more boxes for information needed. If "other" is checked, write in the specific information needed.
8. Enter Application, Recertification, or Change
9. Check one or more boxes for information needed. If "other" is checked, write in the specific information needed.
10. Client signature (if present at the time of the request)
11. Witness signature, if needed
12. Date Client signs
13. Caseworker signature
14. Date Caseworker signs
15. Caseworker telephone number