

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
 OFFICE OF INCOME MAINTENANCE



Dear

Because you have applied for/or receive PUBLIC ASSISTANCE benefits, your social security number and the social security numbers of the people in your household have been used to obtain information from other government agencies.

The information we have received follows:

SOURCE: _____ INCOME TYPE _____

AMOUNT: \$ _____ PAID TO: _____

PERIOD: _____ SOCIAL SECURITY NUMBER: _____

PAID BY: _____

FREQUENCY: _____ CLAIM / ACCOUNT NUMBER: _____

CONTINUED ON BACK

This information was not reported when you applied for public assistance or it conflicts with information you gave to your eligibility worker. In order for us to determine if this information is correct and/or affects your public assistance benefits, you must provide additional verification. Verification which may be acceptable includes _____

Be sure to put your name, address and record number on the information you provide.

Please mail this information by _____ / _____ / _____ to the office shown above.
 Attention _____

Please bring this information to the COUNTY ASSISTANCE OFFICE at the above address on _____ at _____.

This information is required so we can determine your continued eligibility for benefits. If you have any questions concerning this request, or need help to get verification, please call your eligibility worker immediately at _____. Thank you.

 Worker's Signature Date

CO	RECORD NO.	CAT	DIST	CS LD

CLIENT CASE RECORD

SOURCE: _____ INCOME TYPE _____
AMOUNT: \$ _____ PAID TO: _____
PERIOD: _____ SOCIAL SECURITY NUMBER: _____
PAID BY: _____
FREQUENCY: _____ CLAIM / ACCOUNT NUMBER: _____

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COMMENTS: