RESET FIELDS

SEMIANNUAL REPORTING FORM
READ FORM & INSTRUCTIONS CAREFULLY

CASE IDENTIFICATION						
CO	RECORD	CASH	MA	FS	DIST	CSLD

This signed and completed form along with the required proof must be in the County Assistance Office by:

REPORTING FOR

DPW USE ONLY			
COMPLETE ☐	DATE		
INCOMPLETE			
☐ 1	☐ 2	☐ 2V	☐ 3V
☐ 4	☐ 4V	☐ 5	☐ 5V
☐ 8	☐ 8V		
☐ ALL			
☐ UNSIGNED			
AUTHORIZED			
WORKER			
CLERICAL			

Si necesita formulario en español, communiquese con su trabajador immediatamente, tiene que completar, firmar y devolver esta forma la "County Assistance Office" para la fecha de vencimiento que se indica o su caso será cerrado, incluyendo su assistencia médica, y/o sus cupones de comida (7 CFR 273.12 (a)(1)(vii) and 55 PA Code 133.23 (a)(1)(viii), 133.84(d), 140.401, 140.513(3), 201.1, 201.3).

We must review your eligibility so you may continue to receive benefits.
YOU MUST:

- **Review and answer the questions on this form (if you need additional space for any of the questions, use a separate piece of paper and attach it to this form).**
- **Sign the certification section. An unsigned form is considered incomplete.**
- **Mail completed form in the return envelope provided or fax the form to the County Assistance Office with:**
  - **Proof of all household members' income from work.**
  - **Proof of any changes reported on this form.**

Please read the instructions on page A and if you need help or if you have questions about the proof needed to verify changes, call your caseworker or the Change Center.

Please return ALL pages of this form in the enclosed envelope.

If you wish to claim good cause, sign and include page A.

IMPORTANT

THIS ADDRESS MUST APPEAR IN THE WINDOW OF THE ENCLOSED ENVELOPE WHEN RETURNING THIS FORM.

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1. These are the household members you last reported to be in your household.

Last Name	First Name	M.I.	Date of Birth

Did anyone move into or out of your household? Yes____ No____ If yes, list who and their relationship to you.

2. These are the household members you last reported to be working and where they worked.

First Name	Where Employed	Date Employment Began

Did any household member start a new job, change a job, or stop working? Yes ___ No ___ If yes, list any changes, such as job start date, end date, date of first pay, how often paid.) Provide proof (pay stubs, employer statements, etc.)

3. Provide proof (pay stubs, employer statements, etc.) of all work income any household member received in the month of:

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4. These are the household members you last reported to have income from a source other than work or public assistance (Examples: child support, Social Security, pension income, etc.)

First Name	Type of Income	Amount

Did any household member lose or start receiving income or have a change in amount? Yes ___ No ___
If yes, list any changes. Provide proof (award letter, support court orders, etc.)

5. Is the address on this form your current address? Yes ___ No ___
If no, what is your new address? Provide proof. (Examples: Lease, landlord statement, deed, etc.)

If you receive food stamps and you have moved, what are your shelter (rent/mortgage) and utility costs? Do you pay for your own heating and/or air conditioning? Yes ___ No ___
*Answering these questions may help you receive more food stamp benefits.

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6. This is the last reported amount of child support paid for children outside the household. ____

Did any household member have a change in the amount he is requested to pay? Yes ___ No ___ If yes, list any changes. Provide copy of support court order or letter and proof of payment.
* You do not have to answer this question or provide proof. Answering this question and providing proof may help you to remain eligible or receive more benefits.

7. This is the information you last reported about child care or for care of a sick or disabled person.

	Caregiver	Paid For	Amount

Are there any changes? Yes ___ No ___ If yes, list any changes. Provide copy of bill or statement from caregiver.
* You do not have to answer this question or provide proof. Answering this question and providing proof may help you to remain eligible or receive more benefits.

8. These are the household members you last reported to have resources, including vehicles. (Examples: bank accounts, property, etc.)
* If this form is to determine eligibility for medical benefits only and you are pregnant OR under 21 years of age OR living with your dependent child who is under the age of 21, you do not have to answer this question.

	First Name	Resource Type	Total Value	Amount Owed	Resource Description

Has the information in this section changed? Yes ___ No ___
Does any household member have resources not listed above? Yes ___ No ___
If you answered yes to either question, list any changes. Provide proof (copy of bank statement, vehicle registration, etc.)

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CERTIFICATION

I swear that the information given on this form is complete and correct to the best of my knowledge. I agree to report any changes in circumstances that may affect my eligibility or the amount of cash, Medicaid and/or food stamp benefits. I understand that willful failure to give accurate information or to report changes may result in a fine or imprisonment or both. I understand that changes in income, circumstances, and/or other factors as reported on this form may cause my cash assistance, medicaid and/or food stamp benefits to be increased, decreased or stopped.

Daytime Telephone Number

_____ or _____ **DATE** _____

Signature of Payment Name | Authorized Representative for Food Stamps

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INSTRUCTIONS

Your household circumstances require you to report semiannually (every 6 months). The information on the semiannual reporting form is needed to determine your continued eligibility for cash, food stamps, Extended Medical Coverage and/or Medicaid. It is also needed to calculate the amount of your monthly cash and/or food stamp benefits. You must give us information for the reporting month shown on page 1 of the form. You are asked to provide child care information: failure to do so could lead to lower benefits or ineligibility.

Note: You may report changes at any time if the change would increase your benefits (such as if you lose your job or your hours of work decrease).

When answering the questions, you must give us information for all persons included in your cash, food stamps and/or Medicaid benefits. This includes stepparents and information for sponsors of aliens, even if the sponsor does not live in your home. You can use a separate sheet of paper to explain any of your answers or give additional information. A separate sheet of paper must be sent in with the form.

You must complete, sign and return the form to the county assistance office by the date shown on page 1 of the form. IF YOU NEED HELP TO COMPLETE THE FORM, CALL YOUR CASEWORKER OR CHANGE CENTER.

NOTICE

- If the form is late or incomplete, you may not receive you cash and/or food stamp benefits on time.
- If you DO NOT return the form, action may be taken to close your case. This action may include your cash assistance, food stamps and/or Medicaid (55 Pa Code 133.84(d), 104.401, 140.513(3), 201.1, 201.3 and 7 CFR 273.12 (a)(1)(viii)).
- If you disagree with the decision to reduce or stop your benefit(s), you have the right to appeal. You will be sent a notice to tell you about any proposed reduction or stoppage of your benefits.
- If your case is closed, you may have to complete a new application and be otherwise eligible to have benefits restored.

GOOD CAUSE

YOU MAY CLAIM "GOOD CAUSE" if you have good reason for not completing the form or for returning it late. To claim "good cause", you must state your reason(s) in the space below, sign your statement and return this form to the county assistance office as soon as possible, within 30 days from the due date. You may also claim "good cause" orally by contacting your caseworker, but you must also return this form to the county assistance office as soon as possible, within 30 days from the due date.

I AM CLAIMING "GOOD CAUSE" BECAUSE:

CLIENT SIGNATURE:

For DPW use ONLY

Approved _____ Disapproved _____

-PAGE A-

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Important Information

About the Department of Public Welfare's Notice of Privacy Practices.

If you need a free translation of this information, contact your County Assistance Office.

ពត៌មានសំខាន់ អំពីការប្រើពត៌មានរបស់លោកអ្នកនៅក្រសួងសាធារណៈជីលប៉ៃ្ង ពេលណាគេអាចប្រើបាននិងពេលណាមិនអាចប្រើបាន។
បើលោកអ្នកត្រូវការពត៌មាននេះបកប្រែដោយឥតគិតថ្លៃ សូមទាក់ទងមកការិយាល័យជីលប៉ៃ្ងរបស់លោកអ្នក។

重要通知 关于公共福利局的保护隐私权措施的通知. 如果你需要关于此通知的免费翻译 请联系你所在的郡县援助办事处.

ВАЖНАЯ ИНФОРМАЦИЯ об Уведомлении о сохранении конфиденциальности Отдела социального обеспечения. Если вам нужен перевод данной информации, обращайтесь в Окружное бюро помощи (County Assistance Office).

INFORMACIÓN IMPORTANTE Referente al aviso sobre la política de privacidad del Departamento de Bienestar Público. Si necesita una traducción gratuita de esta información, comuníquese con la Oficina de Asistencia del Condado de su localidad.

THÔNG BÁO QUAN TRỌNG Về Thông Tư Sử Dụng Tin Tức Cá Nhân của Sở Trợ Cấp Phúc Lợi Công Cộng. Nếu quí vị cần bản dịch miễn phí thông báo này xin tiếp xúc với Phòng Trợ Cấp Quận Hạt của quí vị.

YOU MAY REQUEST A COPY OF THE DEPARTMENT'S NOTICE OF PRIVACY PRACTICES

The Department of Public Welfare's Notice of Privacy Practices explains how information about you is used and disclosed. This Notice is available at any time through your County Assistance Office and online at www.dpw.state.pa.us. If you would like us to send you a copy of the Notice of Privacy Practices, please contact your caseworker. You may also request a copy in person at your County Assistance Office.

USTED PUEDE SOLICITAR UNA COPIA DEL AVISO DE LAS NORMAS DE PRIVACIDAD DEL DEPARTAMENTO

El Aviso de las Normas de Privacidad del Departamento de Bienestar publico explica como se utiliza y divulga información sobre usted. El Aviso esta disponible en cualquier momento en la Oficina de Asistencia del Condado o en linea en www.dpw.state.pa.us. Si desea que nosotros le enviemos una copia del Aviso de las Normas de Privacidad, comuníquese con su asistenete social. Tambíen puede solicitar una copia un persona en También puede solicitar una copia un persona en la Oficina de Asistencia del Condado.