

REINFORMING LETTER/ADD A PERSON(S)

CASE NAME
CASE NUMBER
DATE

We understand that _____ is in the home.

The rules say that this person must be included on your Statement of Facts form and, if eligible, be added in your Assistance Unit. If you do not include this person on the Statement of Facts form, your cash aid may be stopped.

An appointment has been scheduled for you on _____ at _____.

If you can not keep this appointment, please call your worker. You must complete the enclosed forms and bring them and the checked (✓) items with you.

Complete and mail the enclosed forms and checked (✓) items to your worker by _____.

SAWS 2, Statement of Facts

CW 8 or CW 8A, Statement of Facts

CW 2.1Q, Questionnaire and CW 2.1, Notice and Agreement.

Social Security card(s) or proof of application for Social Security card(s) for: _____

Birth verification or citizenship/noncitizen status verification for: _____

Other: _____

If you don't give us this information, your cash aid may be stopped.

Comments: _____

WORKER NAME	WORKER NUMBER	PHONE NUMBER
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