

LETTER HOUSHOLD MAY HAVE ASSISTANCE PROGRAM (SNAP, TANF, FDPIR) OFFICE COMPLETE

Statement of SNAP, TANF, or FDPIR Benefits

<u>(List Names of Children)</u>	<u>(Name the Parent or Guardian)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This statement is to confirm that the child or children named above

- Is or are currently certified to receive SNAP, TANF, or FDPIR benefits, or
- Recently received SNAP, TANF, or FDPIR benefits, but their eligibility ended _____.
- The household's case number is _____.

Signature and Title of Official at Assistance Program Date

Address

Telephone Number Email