

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN TO:**  
P.O. Box 2104  
Frankfort, KY 40602  
FAX: (502) 573-2007

### **Information Request**

Case Name : \_\_\_\_\_

Programs: ☐ KTAP ☐ SNAP ☐ MA ☐ CCAP ☐ OTHER

We need to verify information about the person named above. He/She has applied for, or is receiving benefits from state programs and has given your name as a person we can contact who is familiar with his/her situation. Please complete both pages and return to the address above once completed. **This form cannot be completed by a member of the household.**

#### **Residency**

What is this person's address (including county) and phone #? \_\_\_\_\_  
(Address where this person lives [not mailing address])

\_\_\_\_\_  
(City) (State) (Zip) (County) (Phone #)

#### **Household Composition**

List everyone who lives at this address.


**Are you related to a household member?** ☐ Yes ☐ No

**Are you the manager/landlord?** ☐ Yes ☐ No If no, do not complete the landlord section.

#### **For Landlords Only:**

##### **Utilities**

Does he/she pay out-of-pocket money for heating or air conditioning? ☐ Yes ☐ No

Does he/she pay out-of-pocket money for utility expenses other than heating or air conditioning?

☐ Yes ☐ No

##### **Rent**

Does this person rent? ☐ Yes ☐ No

How much does he/she pay per ☐ week or ☐ month? \_\_\_\_\_

Does this person work in exchange for rent instead of paying? ☐ Yes ☐ No

If yes, how many hours per week? \_\_\_\_\_

Is the rent paid by, or in part by, anyone other than the person listed above? ☐ Yes ☐ No

If yes, who? ☐ HUD Section 8, ☐ other agency, ☐ other person\_\_\_\_\_.

How much is paid per ☐ week or ☐ month? \$\_\_\_\_\_

Is the check payable only to the ☐ recipient, ☐ landlord, or ☐ both?

Are utilities included in the rent? ☐ Yes ☐ No

If no, are utilities billed to the recipient? ☐ Yes ☐ No ☐ Unknown.

Does HUD Section 8 or any other agency pay all or part of the utilities? ☐ Yes ☐ No

If yes, how much? \$\_\_\_\_\_

Did this person receive a Home Energy Assistance Program (HEAP) payment of more than \$20 or more for the above listed address? ☐ Yes ☐ No

Is utility payment deducted from rent? ☐ Yes ☐ No If yes, total tenant payment. \$\_\_\_\_\_

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027), found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](http://www.fns.usda.gov/snap/contact_info/hotlines.htm) (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

To report SNAP fraud or misuse of benefits, call the **KENTUCKY FRAUD HOTLINE 1-800-372-2970**.

**Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state and federal law, including fines, imprisonment or both.**

I, \_\_\_\_\_, certify that the information contained in this form is true and

(Please print your name)

correct to the best of my knowledge.

Signature of person providing information: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Additional Comments: