

State of Alabama
Department of Human Resources
FOOD ASSISTANCE PROGRAM
AESAP INTERIM CONTACT FORM

Report for the Month of _____

FA Case #	Worker #	Certified From	Certified Thru	Agency Phone #

We are conducting a yearly review of your eligibility for Food Assistance. You must complete this form, sign and date it, and return it to the Department of Human Resources Food Assistance Division between the 1st and 10th of _____. Answer all of the questions below (use additional paper if needed). Failure to answer the questions completely or failure to return this form may delay, reduce or stop your food assistance benefits. We will notify you if your benefit level changes. Your caseworker may contact you if additional verification is needed.

If you need help completing this form, with reading, writing, hearing, etc. or have questions, call 1-800-438-2958.

SECTION 1 - ADDRESS:

Our records indicate that you live at the address listed above.

Have you moved? ☐ Yes ☐ No If "YES", complete the items below. If "NO", skip to Section #2.

New Address: _____ County _____

Mailing Address: _____

New rent or mortgage amount (list only the portion you pay each month): _____

Lot rent for mobile home: _____

Property tax \$ _____ Home insurance \$ _____ How often do you pay this amount? _____

Is your home insurance included in your mortgage payment? ☐ Yes ☐ No

Do you pay any utility bills? ☐ Yes ☐ No If yes, which one(s)? Electricity _____ Water/Sewer _____ Gas _____

Garbage/Trash _____ Telephone _____ Other _____

☐ Check here if any of the utility bills that you pay are for heating or air conditioning. ☐ Check here if you get energy assistance (LIHEAP) at your new address.

☐ Check here if your utilities are included in the amount that you pay for rent. ☐ Check here if you pay your utilities separate from the amount that you pay for rent.

Telephone or Message Number: _____

SECTION 2 - HOUSEHOLD MEMBERS AND INCOME:

Listed below are the names of all the people we have living in your household and the income you last reported for them. The gross monthly amount is the amount before any deductions.

Name	Gross Unearned Income and Type	Child Support Deduction
Total		

PLEASE REVIEW THE INFORMATION IN THE CHART ABOVE AND ANSWER THE FOLLOWING QUESTIONS:

Has this income changed? ☐ Yes ☐ No If "YES", state below what income changed and the amount you receive.

Do you receive any other income or money? ☐ Yes ☐ No If "YES", state below the type of income and the amount you receive.

SECTION 3 - MEDICAL EXPENSES:

Does anyone in your Food Assistance household pay out-of-pocket medical expenses? ☐ Yes ☐ No If "YES", to receive credit for these expenses, list the type of medical expense that you are paying and provide proof.

IF PROOF IS NOT INCLUDED, A DEDUCTION FOR THESE EXPENSES WILL NOT BE GIVEN.

EXAMPLES: prescriptions, doctor visits, hospital bills, health insurance, transportation costs, Medicare premium,
(continued on back page)

SECTION 3 - MEDICAL EXPENSES: (Continued from front page)

medical appliances or equipment such as hearing aids, wheelchairs, eye glasses, dentures, etc., attendant care or homemaker services, service animal expenses such as animal food and veterinary care.

SECTION 4 - CHILD SUPPORT PAYMENTS:

The total amount of child support payments used in your monthly food assistance budget is \$_____.

Has any household member had a change in his/her legal obligation to pay child support? ☐ Yes ☐ No

If "YES", explain the change and provide proof. A copy of the court order or a statement from DHR.

Is any other household member now paying court-ordered child support? ☐ Yes ☐ No

If "YES", who pays: _____ Amount: \$_____ Per _____ (week, month, etc.)

If "YES", provide proof. A copy of the court order or a statement from DHR.

SECTION 5 - HOUSEHOLD COMPOSITION:

Has anyone moved into or out of your household in the past 12 months? ☐ Yes ☐ No

If "YES", fill in the information on the chart below for anyone that has moved into or out of your household.

Do the new members purchase and prepare their food with you? ☐ Yes ☐ No

You can choose to give us the social security number of each person in your household. We can give Food Assistance benefits only to people who give us their social security number or proof that they have applied for a social security number. You don't have to give us the social security number or citizenship status for the people you do not want Food Assistance benefits for. (We have to ask for ethnicity and race, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them). If you choose to answer, use the following coding:

*Ethnicity		**(Choose all that apply)							
H=Hispanic or Latino N=Not Hispanic or Latino		B=Black or African American N=Native Hawaiian/other Pacific Islander		W=White I=American Indian or Alaskan Native		A=Asian			
First Name, Middle Initial, Last Name	Social Security #	Birth Date	Relation To You	Sex M or F	Moved In/Out	Ethnicity *	Race **	Citizen Yes/No	Income Yes/No

The collection of a Social Security Number (SSN) for each household member is authorized under the Food & Nutrition Act of 2008 as amended by P.L. 96-58 (7 U.S.C. 2025F). The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Food Assistance Program. Your SSN will be used to monitor compliance with program regulations and for program management. Your SSN will be used in computer matching and program reviews or audits to make sure your household is eligible for food assistance. **Providing a SSN for each household member is voluntary. However, failure to provide a SSN for each household member will result in disqualification of that member. You will still have to give information such as income for this member.** Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

The use or disclosure of information will be made only for certain limited purposes allowed under State and Federal laws and regulations. Information may also be disclosed to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If a food assistance claim arises against your household, the information on this six-month report, including all social security numbers, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

SIGNATURE AND PENALTY WARNING:

When your household receives Food Assistance, you must follow the rules. If you do any of the following, you will lose your Food Assistance benefits for one year for the first violation, two years for the second violation and life for the third violation.

- Hide information or give false information to get or continue to receive Food Assistance
- Trade or sell your Food Assistance or EBT cards (also known as trafficking)
- Alter EBT cards to get Food Assistance you are not entitled to receive
- Use Food Assistance to buy ineligible items such as alcoholic drinks or tobacco
- Use someone else's Food Assistance or EBT cards for your household

YOU MAY ALSO BE FINED UP TO \$250,000, IMPRISONED UP TO 20 YEARS, OR BOTH; AND SUBJECT TO PROSECUTION UNDER OTHER APPLICABLE FEDERAL LAWS.

I understand the penalty warning above. I also understand that I will owe the value of any extra Food Assistance benefits I received if I don't fully report changes in my household circumstances when required. I agree to provide proof of any changes that I report.

I certify that the statements on this form are true and correct to the best of my knowledge. I understand that the information that I provide on this form may result in a reduction or termination of my benefits.

Client's signature _____ Date _____ Client's Telephone No. _____

Signature of Witness if signed with "X" _____

In accordance with Federal law and U.S. Dept. of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion, or political beliefs. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.