



**FOOD STAMP MID CERTIFICATION REVIEW REPORT FORM**

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Date  
08/27/2012

Head of Eligibility Unit  
JANE DOE

DCN  
0123456789

HOUSEHOLD MEMBERS	RELATION	BIRTHDATE	DATE MOVED OUT
JOHN DOE	SPOUSE	01271968	_____
JANE DOE	SELF	05131969	_____
JENNY DOE	DAUGHTER	03292000	_____

2. DO YOU HAVE ANY NEW HOUSEHOLD MEMBERS?  YES  NO If yes, list below.

NEW HOUSEHOLD MEMBERS	RELATION	BIRTHDATE	SSN	DATE MOVED IN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. HAS ANYONE IN YOUR HOUSEHOLD CHANGED, STOPPED OR STARTED A JOB?  YES  NO  
If yes, complete this section.

This is the earned income we have on file for you. If this job has stopped, enter the date the last pay check was received.

NAME	SOURCE	MONTHLY AMT	DATE STOPPED
JOHN DOE	MCDONALDS	\$126.00	_____
JANE DOE	HARDEES	\$230.00	_____

Add any new jobs for household members on the lines below.

NAME	SOURCE	MONTHLY AMT	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. HAS EARNED INCOME FOR ANYONE IN YOUR HOUSEHOLD CHANGED BY MORE THAN \$100 PER MONTH?  YES  NO

This is the earned income we have on file for you. (These are the same jobs listed above.) If the income amount listed here has not ended, but just changed by more than \$100 per month for a particular individual please provide the new amount and the date of the change:

NAME	SOURCE	MONTHLY AMT	NEW AMT	DATE
_____	_____	_____	_____	_____

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JOHN DOE	MCDONALDS	\$126.00	_____	_____
JANE DOE	HARDEES	\$230.00	_____	_____

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 5. HAS UNEARNED INCOME FOR ANYONE IN YOUR HOUSEHOLD CHANGED BY MORE THAN \$50 PER MONTH?      YES      NO  
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(Unearned income may be Social Security, Child Support, SSI, etc.)

This is the unearned income we have on file for you. If the unearned income amount listed here has changed by more than \$50 per month for a particular individual please provide the new amount and the date of the change.

NAME	SOURCE	MONTHLY AMT	NEW AMT	DATE
JOHN DOE	SUPPLEMENTAL SECURIT	\$576.00	_____	_____
JANE DOE	SOCIAL SECURITY	\$827.00	_____	_____
JENNY DOE	CHILD SUPPORT	\$127.00	_____	_____

Add any new unearned income for household members on the lines below.

NAME	SOURCE	MONTHLY AMT	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 6. DOES YOUR HOUSEHOLD HAVE RESOURCES OF MORE THAN \$2000.00?      YES      NO  
 If yes, enter new amounts below and any new resources.  
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If your Food Stamp household has at least one elderly or disabled member the resource limit is \$3250.00 rather than \$2000.00.

These are the resources we have on file for you. (Examples of resources are cash on hand, checking and savings accounts, certificates of deposit, stocks, savings, and corporate bonds, debts owed you or a household member, trusts, pre-paid burials, property not being used, or other investments.)

NAME	SOURCE TYPE	AMOUNT	NEW AMOUNT
JOHN DOE	USA BANK CHECKING	\$576.00	_____
JANE DOE	USA BANK SAVINGS ACCT	\$827.00	_____
JENNY DOE	CASH IN WALLET	\$127.00	_____

List any new resources your household may have here:

NAME	SOURCE TYPE	AMOUNT
_____	_____	_____

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\_\_\_\_\_  
\_\_\_\_\_

7. HAVE YOU MOVED?  YES  NO If you have moved, complete this section.

This is the physical and/or mailing address we have on file for you:

STREET/PO BOX	CITY	STATE	ZIP CODE
2122 Main Street	Cape Girardeau	MO	63701

New address where you live:

\_\_\_\_\_

Address where you get your mail:

\_\_\_\_\_

If you have moved in with someone else do you pay them for regular meals (are you a boarder)? If yes, who: \_\_\_\_\_

8. IF YOU HAVE MOVED SINCE YOUR INITIAL APPLICATION, WHAT IS YOUR NEW RENT, MORTGAGE AND UTILITIES?

Rent or mortgage payment:	Amt \$ _____	Who pays? _____
Water:	Amt \$ _____	Who pays? _____
Sewer:	Amt \$ _____	Who pays? _____
Trash:	Amt \$ _____	Who pays? _____
Real Estate Taxes:	Amt \$ _____	Who pays? _____
Property Insurance:	Amt \$ _____	Who pays? _____
Electric:	Amt \$ _____	Who pays? _____
Gas:	Amt \$ _____	Who pays? _____
Other:	Amt \$ _____	Please describe _____

Is electric or gas expense used to heat and/or cool your home?  YES  NO

If so, which expense is paid for heating and/or cooling your home? \_\_\_\_\_

What was the date of this address change? \_\_\_\_\_

Please list telephone numbers where we can reach you?

HOME \_\_\_\_\_  
CELL \_\_\_\_\_  
MESSAGE \_\_\_\_\_

9. DO YOU HAVE ANY CHANGES IN CHILD SUPPORT THAT YOU ARE ORDERED TO PAY BY THE COURT?  YES  NO If yes, complete this section.

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This is the court ordered child support payments we have on file for your household. Please make changes, if any.

PAID BY	PAID TO	AMOUNT	END DATE	NEW AMOUNT
JOHN DOE	RUBY DOE	\$100.00	_____	_____

If you have additional child support payments we do not have on file, enter the information below. These expenses could include any legally binding child support paid to non household members and includes current payments, arrearages, and health insurance.

NAME: _____	Amount Paid: _____	How often paid: _____
NAME: _____	Amount Paid: _____	How often paid: _____
NAME: _____	Amount Paid: _____	How often paid: _____

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 10. WILL ANY CHANGES YOU LISTED BE FOR MORE THAN ONE MONTH?     YES     NO  
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Although you are not required to report anything further, some other expenses may give you more Food Stamp benefits. If you have medical expenses, child care expenses, or shelter expenses which you have not previously told us about and you give those to us, we may be able to use those to change your Food Stamp benefits. If we need further information regarding these expenses, we will let you know. Please report any expenses you would like us to consider here.

EXPENSE	AMOUNT	EXPENSE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE ATTACH VERIFICATION OF ANY OF THE CHANGES REPORTED ON THIS FORM SUCH AS PAY STUBS, BANK STATEMENTS, COURT ORDERS, SOCIAL SECURITY CARDS, ETC.

YOU MAY MANAGE YOUR CASE ONLINE THROUGH THE FAMILY SUPPORT DIVISION PROGRAM ENROLLMENT WEB SITE AT <https://dssapp3.dss.mo.gov/fmwfamisweb/>. YOU CAN QUICKLY APPLY FOR BENEFITS, REVIEW YOUR BENEFITS INFORMATION AND REPORT CHANGES WITH THIS ONLINE SERVICE. FAMILY SUPPORT DIVISION PROGRAM ENROLLMENT IS AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK.

**\*\*STOP FRAUD\*\***

- \* DO NOT LIE OR HIDE INFORMATION TO GET BENEFITS THAT YOUR HOUSEHOLD SHOULD NOT GET.
- \* DO NOT USE FOOD STAMP BENEFITS TO BUY NONFOOD ITEMS, SUCH AS ALCOHOL OR CIGARETTES, OR TO PAY ON CREDIT ACCOUNTS.
- \* DO NOT USE OR HAVE IN YOUR POSSESSION EBT CARDS THAT ARE NOT YOURS AND DO NOT LET SOMEONE ELSE USE YOUR CARD.

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## PENALTY WARNING:

Any information provided on this form is subject to verification by federal, state, and local officials. If any is inaccurate, you may be denied Food Stamp benefits and/or be subject to criminal prosecution for knowingly providing false information.

13CSR 40-2.190 provides for recovery of benefits when it is determined someone has received benefits they are not entitled to.

7 USC 2024(b)(c) and (h). Anyone who knowingly uses, transfers, acquires, alters, or possesses benefits, or access devices in any manner contrary to the Food Stamp Act of 2008 is subject to fine and imprisonment.

7 USC 2015(k). Any individual who is a fleeing felon or a probation/parole violator is ineligible to participate in the Food Stamp Program.

Pursuant to section 570.030, RSMO the stealing of public assistance benefits is a class "C" felony if the value of the benefits is \$500.00 or more. Punishment includes imprisonment for up to seven years and a fine not to exceed \$5,000.00. If the value of the benefits is less than \$500.00, the crime is a class "A" misdemeanor.

7 USC 2015(b)(1)(A) and (B). Any person who has been found by any State or Federal court or administrative agency to have intentionally made a false or misleading statement, or misrepresented, concealed or withheld facts or committed any act that constitutes a violation of this Act, the regulations issued there under, or any state statute, for the purpose of using, presenting, transferring, acquiring, receiving, or possessing Food Stamp benefits shall, immediately upon the rendering of such determination, become ineligible for further participation in the program for a period of 1 year upon the first occasion of any such determination, 2 years for the second occasion and permanently for the third occasion.

Upon conviction, punishments include a fine of \$250,000 and/or imprisonment for 20 years if the value of the benefits or access devices is \$5,000 or more. If the value is less than \$5,000 but greater than \$100, punishments include a fine of \$10,000 and/or imprisonment for 5 years. If the value is less than \$100, punishments include a fine of \$1,000 and/or imprisonment for 1 year. Anyone who presents for payment or redemption benefits which have been illegally received, transferred, or used is subject to a fine of \$20,000 and/or imprisonment for 5 years if the value of the benefits is \$100 or more. If the value is less than \$100, punishments include a fine of \$1,000 and/or imprisonment for 1 year. Anyone convicted of felony offenses relating to the above transactions is also subject to having all real and personal property used in such transactions forfeited to the United States. S/he may also be subject to prosecution under other applicable Federal and State laws. S/he may also be barred from the Food Stamp Program for an additional 18 months if court ordered.

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<p>If you purposely hold back information about changes in your household, you will owe us the value of extra benefits you receive as a result. You may also be barred from the Food Stamp Program for 1 year, 2 years or permanently and be fined, and/or imprisoned.</p> <p>I understand the penalty for hiding or giving false information. I understand I will owe the value of any extra benefits I receive because I do not fully report changes in my household.</p> <p>My signature below certifies under the penalty of perjury that all declarations made on this change report are true, accurate, and complete.</p> <p>I understand that the information reported on this form could result in a reduction or termination of my Food Stamp benefits.</p> <p>Signature: _____ Date: _____</p>		