CAPE GIRARDEAU CUST SERV 220 N FOUNTAIN ST CAPE GIRARDEAU MO 63701



0123456789 001122 JANE DOE 2122 MAIN STREET CAPE GIRARDEAU MO 63701

D STAMP MID CERTIFICATION REVIEW REPORT FORM	Page 01	Date 08/27/ 2
of Eligibility Unit	- 01	DCN
ANE DOE		012345678
We are required to complete an interim review of your eligible benefits.	ility for	Food Stamp
After each question, we are giving you the information we have Please read each question carefully and look at the informat for you before you answer. The answers you give will determine ligibility for Food Stamp benefits.	ion we ha	ave on file
After you have reviewed and provided any additional informat please sign on the line indicated "Signature".	ion on th	nis form,
YOU MUST ANSWER ALL TEN QUESTIONS AND Return this form by **&&DAY_DATE&&** to the above Family		Office
Failure to return this form may result in your Food Stamp ca Contact the FSD Information Center if you need assistance or toll free at 1-855-FSD-INFO (1-855-373-4636).	_	
A voter registration application is included with this maili register to vote, please complete the form and return it to office. This has no impact on your continued eligibility for benefits.	your loca	al FSD
Providing a Social Security Number (SSN) is voluntary. However receive benefits for any individual whose SSN is not provide used to determine eligibility and benefit level; verify info duplicate issuances, and to process automatic adjustments in (Food and Nutrition Act of 2008 as amended by 7 U.S.C. 1011-	d. The SS rmation, federal	N will be prevent
	_	
The Missouri Department of Social Services now offers you th for Benefits, Review your Benefits or to Report Changes with application and management area at https://dssapp3.dss.mo.go		Lsweb/.

longer living with you enter the date moved out.

OD STAMP MID CERTIFICATION REVIEW REPORT FORM			Page 02		Date 08/27/2012	
of Eligibility Unit ANE DOE						DCN 0123456789
					D.A	ATE
HOUSEHOLD MEMBERS	RELATION]	BIRTHDA	TE	MOVE	D OUT
JOHN DOE	SPOUSE		0127196	8		
JANE DOE	SELF		0513196			
JENNY DOE	DAUGHTER		0329200	0		
2. DO YOU HAVE ANY NEW HO	USEHOLD MEMBERS?	YES	NO I	f yes,	list	t below.
NEW HOUSEHOLD MEMBERS	RELATION BIR	THDATE SS	N	DATI	E MOV	ED IN
3. HAS ANYONE IN YOUR HOU	SEHOLD CHANGED, STO	PPED OR S'	TARTED	A JOB?	3	ES NO
If yes, complete this	section.					
If yes, complete this	section we have on file for	r you. If		ob has	stor	
If yes, complete this :	section. we have on file for ay check was received SOURCE	r you. If ed. MON	this j	ob has	stor	pped,
If yes, complete this :	we have on file for ay check was received	r you. If ad. MON	this j	ob has	stor	pped,
If yes, complete this and the second of the	section. we have on file for ay check was received SOURCE MCDONALDS HARDEES	r you. If ed. MON \$12	this j THLY AM 6.00 0.00	ob has	stor	pped,
If yes, complete this and the second	section. we have on file for ay check was received SOURCE MCDONALDS HARDEES	r you. If ed. MON \$12	this j THLY AM 6.00 0.00 elow.	ob has	stor DATE	oped, STOPPED
If yes, complete this is the earned income enter the date the last possible. NAME JOHN DOE JANE DOE Add any new jobs for house	we have on file for ay check was received SOURCE MCDONALDS HARDEES ehold members on the	r you. If ed. MON \$12	this j THLY AM 6.00 0.00 elow.	ob has T I	stor DATE	oped, STOPPED
If yes, complete this is the earned income enter the date the last possible. NAME JOHN DOE JANE DOE Add any new jobs for house	we have on file for ay check was received SOURCE MCDONALDS HARDEES ehold members on the	r you. If ed. MON \$12	this j THLY AM 6.00 0.00 elow.	ob has T I	stor DATE	oped, STOPPED
If yes, complete this is the earned income enter the date the last possible. NAME JOHN DOE JANE DOE Add any new jobs for house	we have on file for ay check was received SOURCE MCDONALDS HARDEES ehold members on the	r you. If ed. MON \$12	this j THLY AM 6.00 0.00 elow.	ob has T I	stor DATE	oped, STOPPED
If yes, complete this is the earned income enter the date the last possible. NAME JOHN DOE JANE DOE Add any new jobs for house	we have on file for ay check was received SOURCE MCDONALDS HARDEES ehold members on the	r you. If ed. MON \$12	this j THLY AM 6.00 0.00 elow.	ob has T I	stor DATE	oped, STOPPED
If yes, complete this is the earned income enter the date the last possible. NAME JOHN DOE JANE DOE Add any new jobs for house	we have on file for ay check was received SOURCE MCDONALDS HARDEES ehold members on the SOURCE	r you. If ed. MON' \$12 \$23	this j THLY AM 6.00 0.00 elow. MONTH	ob has	DATE DATE	PPED STOPPED FE
If yes, complete this This is the earned income enter the date the last possible. NAME JOHN DOE JANE DOE Add any new jobs for house NAME 4. HAS EARNED INCOME FOR	we have on file for ay check was received SOURCE MCDONALDS HARDEES ehold members on the SOURCE	r you. If ed. MON' \$12 \$23	this j THLY AM 6.00 0.00 elow. MONTH	ob has	DATE DATE	PPED STOPPED FE
This is the earned income enter the date the last possible. NAME JOHN DOE JANE DOE Add any new jobs for house NAME 4. HAS EARNED INCOME FOR A PER MONTH? YES This is the earned income	we have on file for ay check was received SOURCE MCDONALDS HARDEES ehold members on the SOURCE ANYONE IN YOUR HOUSE NO THE SOURCE HARDES HA	r you. If ed. MON' \$12 \$23 e lines be	this j THLY AM 6.00 0.00 elow. MONTH MORTH NGED BY	ob has	DATE DATE THAN same	STOPPED TE \$100 jobs
This is the earned income enter the date the last possible. NAME JOHN DOE JANE DOE Add any new jobs for house NAME 4. HAS EARNED INCOME FOR per Month? Yes	we have on file for ay check was received SOURCE MCDONALDS HARDEES ehold members on the SOURCE ANYONE IN YOUR HOUS: NO	r you. If ed. MON' \$12 \$23 e lines be	this j THLY AM 6.00 0.00 elow. MONTH MORTH MOED BY hese ar ot ende	ob has	DATE DATE DATE THAN same just	STOPPED TE \$100 jobs changed
This is the earned income enter the date the last possible. NAME JOHN DOE JANE DOE Add any new jobs for house NAME 4. HAS EARNED INCOME FOR A PER MONTH? YES This is the earned income	we have on file for ay check was received SOURCE MCDONALDS HARDEES ehold members on the SOURCE ANYONE IN YOUR HOUSE NO come amount listed he th for a particular	r you. If ed. MON' \$12 \$23 e lines be	this j THLY AM 6.00 0.00 elow. MONTH MORTH MOED BY hese ar ot ende	ob has	DATE DATE DATE THAN same just	STOPPED TE \$100 jobs changed



0 17 11111 11112 021 11111 10	ATION REVIEW REPORT FORM		Page 03	Date 08/27/2012
of Eligibility Unit ANE DOE				DCN 0123456789
JOHN DOE JANE DOE	MCDONALDS HARDEES	\$126.00 \$230.00		
	COME FOR ANYONE IN YOUR HOUSE ESNO	HOLD CHANGED BY	MORE T	
(Unearned income m	ay be Social Security, Child	Support, SSI,	etc.)	
amount listed here	ed income we have on file for has changed by more than \$50 provide the new amount and th	per month for	a parti	
NAME	SOURCE	MONTHLY AMT	NEW AM	T DATE
JOHN DOE JANE DOE JENNY DOE	SUPPLEMENTAL SECUR SOCIAL SECURITY CHILD SUPPORT	\$827.00		
Add any new unearn	ed income for household membe		below.	
NAME	SOURCE	MONTHLY	AMT D	ATE
If yes, enter n If your Food Stamp	HOLD HAVE RESOURCES OF MORE T ew amounts below and any new household has at least one e \$3250.00 rather than \$2000.00	resources.		
	urces we have on file for you	ı. (Examples of	resourc	os aro sash
on hand, checking savings, and corpo	and savings accounts, certifi rate bonds, debts owed you or erty not being used, or other	cates of deposi a household me		ks,
on hand, checking savings, and corpo	and savings accounts, certifi rate bonds, debts owed you or	cates of deposi a household me		ks, rusts, pre-
on hand, checking savings, and corpo paid burials, prop	and savings accounts, certifi rate bonds, debts owed you or erty not being used, or other	cates of deposit a household me investments.) AMOUNT \$576.00	ember, t	ks, rusts, pre-
on hand, checking savings, and corpo paid burials, prop NAME JOHN DOE JANE DOE JENNY DOE	and savings accounts, certifi rate bonds, debts owed you or erty not being used, or other SOURCE TYPE USA BANK CHECKING USA BANK SAVINGS ACCT	cates of deposit a household metrinvestments.) AMOUNT \$576.00 \$827.00 \$127.00	ember, t	ks, rusts, pre-

				DCN
NE DOE				0123456789
				
				 -
7. HAVE YOU MOVED?	YES NO	If you have move	ed, complete thi	s section.
mbia ia tha mbasical			6:1. 6	
This is the physical	and/or mailing	address we have o	on file for you:	
STREET/PO BOX	CIT	Y	STATE	ZIP CODE
2122 Main Street	Cape	Girardeau	MO	63701
No ddwara - bana	1:			
New address where you	iive:			
				
Address where you get	your mail:			
	_			
If you have moved in			_	
you a boarder)? If ye	s, who:			_
		IAL APPLICATION,	WHAT IS YOUR NE	W RENT,
MORTGAGE AND UTILI	TIES?			
MORTGAGE AND UTILI	TIES? ent: Amt \$	Who pays?		
MORTGAGE AND UTILI Rent or mortgage paym	TIES? 	Who pays? Who pays?		
MORTGAGE AND UTILI Rent or mortgage paym	TIES? ent: Amt \$ Amt \$ Amt \$	Who pays?Who pays?Who pays?		
MORTGAGE AND UTILI Rent or mortgage paym Water:	TIES? ent: Amt \$ Amt \$ Amt \$ Amt \$	Who pays?Who pays?Who pays?Who pays?		
MORTGAGE AND UTILI Rent or mortgage paym Water: Sewer: Trash:	TIES? ent: Amt \$ Amt \$ Amt \$ Amt \$	Who pays? Who pays? Who pays? Who pays? Who pays?		
MORTGAGE AND UTILI Rent or mortgage paym Water: Sewer: Trash: Real Estate Taxes:	TIES? ent: Amt \$ Amt \$ Amt \$ Amt \$ Amt \$ Amt \$	Who pays?		
MORTGAGE AND UTILI Rent or mortgage paym Water: Sewer: Trash: Real Estate Taxes: Property Insurance:	TIES? ent: Amt \$	Who pays?		
MORTGAGE AND UTILI Rent or mortgage paym Water: Sewer:	TIES? ent: Amt \$	Who pays?		
MORTGAGE AND UTILI Rent or mortgage paym Water: Sewer: Trash: Real Estate Taxes: Property Insurance: Electric: Gas:	TIES? ent: Amt \$	Who pays?		
MORTGAGE AND UTILITATION Rent or mortgage paym Water: Sewer: Trash: Real Estate Taxes: Property Insurance: Electric: Gas: Other: Is electric or gas ex	TIES? ent: Amt \$	Who pays? Please descreat and/or cool y	ribe	SNO
MORTGAGE AND UTILI Rent or mortgage paym Water: Sewer: Trash: Real Estate Taxes: Property Insurance: Electric: Gas: Other: Is electric or gas ex If so, which expense	TIES? ent: Amt \$	Who pays? Please descreat and/or cooli	ribeYE	SNO
MORTGAGE AND UTILI Rent or mortgage paym Water: Sewer: Trash: Real Estate Taxes: Property Insurance: Electric: Gas: Other: Is electric or gas ex If so, which expense	TIES? ent: Amt \$	Who pays? Please descreat and/or cooli	ribeYE	SNO
MORTGAGE AND UTILITY Rent or mortgage payme Water: Sewer: Trash: Real Estate Taxes: Property Insurance: Electric: Gas: Other: Is electric or gas exilf so, which expense what was the date of	PITES? Amt \$ _	Who pays? Please descreat and/or cool yting and/or cooliange?	ribeYE	SNO
MORTGAGE AND UTILIT Rent or mortgage paym Water: Sewer: Trash: Real Estate Taxes: Property Insurance: Electric: Gas: Other: Is electric or gas ex If so, which expense What was the date of Please list telephone	PITES? Amt \$ _	Who pays? Please descreat and/or cool yting and/or cooliange?	ribeYE	SNO
MORTGAGE AND UTILI Rent or mortgage paym Water: Sewer: Trash: Real Estate Taxes: Property Insurance: Electric: Gas: Other: Is electric or gas ex If so, which expense What was the date of Please list telephone HOME	PITES? Amt \$ _	Who pays? Please descreat and/or cool yting and/or cooliange?	ribeYE	SNO
MORTGAGE AND UTILITED AND UTILI	PITES? Amt \$ _	Who pays? Please descreat and/or cool yting and/or cooliange?	ribeYE	SNO
MORTGAGE AND UTILITED AND UTILI	PITES? Amt \$ _	Who pays? Please descreat and/or cool yting and/or cooliange?	ribeYE	SNO
MORTGAGE AND UTILITY Rent or mortgage paym Water: Sewer: Trash: Real Estate Taxes: Property Insurance: Electric: Gas: Other: Is electric or gas ex If so, which expense What was the date of Please list telephone HOME CELL MESSAGE	ent: Amt \$ this paid for heathis address chemis addr	Who pays? Please descreat and/or cool yting and/or cooliange?	ribeYE	SNO
MORTGAGE AND UTILITY Rent or mortgage paym Water: Sewer: Trash: Real Estate Taxes: Property Insurance: Electric: Gas: Other: Is electric or gas ex If so, which expense What was the date of Please list telephone HOME CELL MESSAGE	ent: Amt \$ color and for heathis address ches on the second color and the second co	Who pays? Please descreat and/or cool y ting and/or cooliange? we can reach you?	ribeYE.ng your home?	



	ON REVIEW REPORT FORM	И	Page 05	Date 08/27/20 1
of Eligibility Unit ANE DOE				DCN 0123456789
ANE DOE				0123430709
This is the court ord	ered child support pay	vments we have	on file for	vour
household. Please mak				4
PAID BY	PAID TO	AMOUNT	END DATE	NEW AMOUNT
JOHN DOE	RUBY DOE	\$100.00		
50m 50L	1021 201	4100.00		
	ese expenses could indousehold members and i		_	
NAME:	Amount Paid	: Hor	v often paid:	
NAME:	Amount Paid			
NAME:	Amount Paid	: Нот	v often paid:	
10. WILL ANY CHANGES	YOU LISTED BE FOR MORE	E THAN ONE MON	TH? YES	NO
Although man and not	required to report any			
	d Stamp benefits. If y			
expenses, or shelter	expenses whiteh you have	ve not previou:	sly told us a	
expenses, or shelter you give those to us,	we may be able to use	e those to char	nge your Food	bout and Stamp
expenses, or shelter you give those to us, benefits. If we need	we may be able to use further information re	e those to char egarding these	nge your Food expenses, we	bout and Stamp will let
expenses, or shelter you give those to us, benefits. If we need	we may be able to use	e those to char egarding these	nge your Food expenses, we	bout and Stamp will let
expenses, or shelter you give those to us, benefits. If we need	we may be able to use further information re	e those to char egarding these	nge your Food expenses, we consider he	bout and Stamp will let
expenses, or shelter you give those to us, benefits. If we need you know. Please repo	we may be able to use further information re rt any expenses you we	e those to char egarding these ould like us to	nge your Food expenses, we consider he	bout and Stamp will let
expenses, or shelter you give those to us, benefits. If we need you know. Please repo	we may be able to use further information re rt any expenses you we	e those to char egarding these ould like us to	nge your Food expenses, we consider he	bout and Stamp will let
expenses, or shelter you give those to us, benefits. If we need you know. Please repo	we may be able to use further information re rt any expenses you we	e those to char egarding these ould like us to	nge your Food expenses, we consider he	bout and Stamp will let
expenses, or shelter you give those to us, benefits. If we need you know. Please repo	we may be able to use further information re rt any expenses you we AMOUNT	e those to char egarding these ould like us to EXPENSE	nge your Food expenses, we o consider he	bout and Stamp will let re. MOUNT
expenses, or shelter you give those to us, benefits. If we need you know. Please repo EXPENSE PLEASE ATTACH VERIFIC	we may be able to use further information re rt any expenses you we	e those to charegarding these ould like us to EXPENSE	nge your Food expenses, we consider he A	bout and Stamp will let re. MOUNT

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

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.

FOOD STAMP MID CERTIFICATION REVIEW REPORT FORM	Page 06	Date 08/27/2012
Head of Eligibility Unit JANE DOE		DCN 0123456789

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.



OOD STAMP MID CERTIFICATION REVIEW REPORT FORM	Page 07	Date 08/27/2012
ad of Eligibility Unit JANE DOE		DCN 0123456789
If you purposely hold back information about changes owe us the value of extra benefits you receive as a barred from the Food Stamp Program for 1 year, 2 yeafined, and/or imprisoned.	result. You may a	lso be
I understand the penalty for hiding or giving false will owe the value of any extra benefits I receive bechanges in my household.		
My signature below certifies under the penalty of permade on this change report are true, accurate, and continuous continuous accurate.		clarations
I understand that the information reported on this f reduction or termination of my Food Stamp benefits.	orm could result	in a
Signature:	Date:	