

REQUEST TO REAPPLY FOR CASH AND FOOD ASSISTANCE

Case Number					
Case Manager Name			Phone Number	Fax Number	
Step 1: Read the information in this box and make corrections as necessary.					
First Name		Middle Initial	Last Name		
Mailing Address			Street Address (if different)		
City	State	Zip Code	City	State	Zip Code
Step 2: Please read this information carefully.					
<p>Thank you for co-operating with the telephone interview process. To continue to get your benefits we must review your case to ensure that you are still eligible and that you are receiving the correct amount of benefits.</p> <p>Please complete, sign and return this form to the _____ County Department of Job and Family Services in the enclosed envelope or by fax to the number listed above. We must receive by: DEADLINE _____.</p> <p>If we do not receive this form by the deadline, your cash assistance will be terminated and your food assistance will expire.</p> <p>Medical assistance: This form is not an approved application for medical assistance programs. Consumers should continue to reapply using approved medical assistance application forms. Any information provided during your telephone interview will be used to update your case and may affect your medical assistance benefits.</p>					
Step 3: Please read, complete and sign the sections below.					
<p>By signing this form:</p> <ul style="list-style-type: none"> • I understand and certify, under penalty of perjury, that all my answers for the reapplication interview are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member reapplying for assistance. • I understand and agree to provide all documents to complete my telephone interview. • I understand and agree that the County Department of Job and Family Services (CDJFS) may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits. • I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine eligibility. • I received a copy of and I have read my rights and responsibilities (JFS 07501) and I understand them. I agree to fulfill my responsibilities as described. I understand that my reapplication will be considered without regard to race, color, national origin, sex, age, disability, religion or political beliefs. 					
Phone Number		Alternate Phone Number		E-mail Address	
Signature of Person Completing Form or Authorized Representative			If Authorized Representative, Relationship to Applicant		Date
Step 4: Return this form to us. We must receive it by the deadline listed above.					

OFFICE USE ONLY - Do not use for medical assistance

Date Received	Case Manager District Number	Case Manager Contact Number
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