

**CATAWBA COUNTY DEPARTMENT OF SOCIAL SERVICES
FOOD ASSISTANCE HOUSEHOLD INFORMATION SHEET**

Case No:

NAME:	SSN:
--------------	-------------

Please complete the following about everyone that lives in your home:

Name First, Middle, Last	DOB	Social Security Number	Race	Sex	Relationship to you	Does this person eat with you?	
						[] YES [] NO	
						[] YES [] NO	
						[] YES [] NO	
						[] YES [] NO	
						[] YES [] NO	
						[] YES [] NO	
						[] YES [] NO	
						[] YES [] NO	
Are you registered to vote?		If yes, do you need to update your address?			If not registered, would you like to register today?		

**NOTICE ON THE USE OF SOCIAL SECURITY NUMBERS
(This is not an application)**

When your family or household applies for Food Assistance, Medicaid, Special Assistance or Work First Family Assistance benefits, you must provide certain information on each member. This notice only applies to social security numbers.

- Any individual in your household who wants to receive assistance must furnish all social security numbers he has and uses. If he does not have one, he must apply for one. We can help him do this.
- If an individual refuses to provide his social security number, he is ineligible for assistance for himself.
- If an individual in your family or household does not wish to receive benefits, he DOES NOT have to give his social security number. If he chooses to provide his social security number, it is strictly voluntary.

HOW WILL MY SOCIAL SECURITY NUMBER BE USED?

Social security numbers are used in matching information with the following agencies:

- Social Security Administration (SSA),
- Internal Revenue Services (IRS),
- Employment Security commission (ESC),
- Department of Transportation (DOT),
- Out-of-State welfare and ESC agencies, and
- Any other agencies, when applicable.

We will only use social security numbers to verify income and resources.

I have read and understand the statements on this form. By signing this, I agree to allow system matches on the social security numbers I provide.

Applicant's/Representative's Signature: _____ Date: _____

Verification Worker's / Caseworker's Signature _____