

**North Carolina Division of Social Services
Food Stamp Notice of Expiration
and Recertification Form**

Co. #	Worker Name	Worker #	Case #	FSIS #	Date Mailed

Your Food Stamps will stop on _____. You may be able to continue to get Food Stamps after that date if you fill out this form and return it to us no later than_____.

(Local DSS Address)

(Household Address)

What Do I Need To Do With This Form?

- When you get this form, fill out, bring, mail, or fax to us at the above address. Please answer all questions completely. Please sign and date the last page of this form. **You must return both pages of this form.**
- If you need help completing this form, call _____ or call the CARE-LINE at 1-800-662-7030.
- Please make sure the address of the local Department of Social Services shows through the window of the enclosed return envelope.
- Do not return this form before the first day of _____.
- Attach verifications for the month of _____.

Information Shown In Your Case

We have listed below the information currently shown in your case at the Department of Social Services. This verified information was used to determine your eligibility for Food Stamp benefits.

Household Members:

Your current mailing address:

Household Income:

- \$ _____ Earned Income
- \$ _____ SSI/PA
- \$ _____ SS Income
- \$ _____ Other

Total Number of People Living in your Home:

Main Type of Heat:

Shelter Expenses:

\$ _____ Rent/Mortgage

Other Deductions:

- \$ _____ Dependent Care
- \$ _____ Legally Obligated Support

Other Shelter Expenses:

- \$ _____ Utility Allowance
- \$ _____ Property Tax
- \$ _____ Household Insurance

Monthly Medical Expenses:

\$ _____

Countable Assets: (Resources)

Authorized Representative who has an EBT card:

\$ _____

Based on this information, you were eligible for ___\$_____ in Food Stamp benefits. We will use the new information you provide on the attached pages to determine if you continue to be eligible for Food Stamp benefits.

Tell Us About Your Current Household Expenses

1. Have you moved to an address different from the one shown on page 1? Yes No If No, continue to question 2. If yes, what is your new address? If your mailing address is different from your street address, list both addresses.

Mailing Address

Street Address

City, State, Zip Code

City, State, Zip Code

Telephone Number

Send proof of any bills you must pay.

2. How much do you pay for rent where you live? \$ _____ How often paid? _____
 How much do you pay for lot rent where you live? \$ _____ How often paid? _____
3. How much do you pay for your home mortgage? \$ _____ How often paid? _____
 Property Taxes: (if paid separately) Amount paid? \$ _____ How often paid? _____
 Homeowners Insurance: (if paid separately) Amount paid? \$ _____ How often? _____
 Homeowners Dues: (if paid separately) \$ _____ How often? _____

4. What utility bills are you responsible for paying? (Check all that apply)

- | | | | |
|--|--------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Heat | <input type="checkbox"/> Kerosene | <input type="checkbox"/> Fuel Oil | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Gas | <input type="checkbox"/> Water/Sewage | <input type="checkbox"/> Coal |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> LP Gas | <input type="checkbox"/> Telephone/Cell Phone | |
| <input type="checkbox"/> Garbage/Trash | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Utility Excess (Public Housing) | |

5. Does anyone help pay your bills? Yes No If yes, Who helps? _____

6. Did you get a Low Income Energy Assistance Program (LIEAP) check at your current address within the past 12 months? Yes No

7. Is your household responsible for paying any child or disabled adult care? Yes No

Who receives the care? _____

Who pays? _____ Amount per month or parent fee: \$ _____

Name and phone number of care provider/babysitter: _____

8. Does any person age 60 or over, or anyone receiving disability benefits, have out-of-pocket medical expenses over \$35 monthly? This includes transportation cost for medical care. Yes No

If yes, do you wish to claim a deduction for these expenses? Yes No If yes, you must attach receipts or a computer printout of your expenses in order to get a deduction.

9. Does your household pay court ordered child support for children outside your home? Yes No

Who pays child support? _____ Who is it paid to? _____

Child's Name? _____ Amount you pay \$ _____ How often? _____

Are The Same People Still In Your Food Stamp Household?

10. Is your food stamp household still the same people listed on page 1? Yes No If Yes, continue to question 10. If No, please list the names of the people who moved in or out of your home in the chart below: (Attach another sheet if needed)

Name	Date Moved		Social Security No. (If the person has one)	Relationship	Date of Birth
	In	Out			

11. If other people also live in your home, do they purchase and prepare food separately from you? Yes No If yes, who purchases and prepares food separately from you? _____

What Money Do People In Your Food Stamp Household Get From Work or Other Places?

12. Does anyone in your household work? Yes No If yes, attach all check stubs for the month listed on Page 1. If you are paid monthly or self employed, attach check stubs or income verification for the month listed on Page 1 and the month before that month.

If you do not have all your check stubs, you may have your employer complete and sign the section below.

A							B						
Name of Person Working							Name of Person Working						
Employer Name:							Employer Name:						
Address:							Address:						
Phone #:							Phone #:						
Employer Signature:							Employer Signature:						
	Date Pay Received			Gross Pay	Tips	Total Hours		Date Pay Received			Gross Pay	Tips	Total Hours
	Mo	Day	Yr					Mo	Day	Yr			
1							1						
2							2						
3							3						
4							4						
5							5						

13. Does anyone in your household get money other than from work? Examples: Cash, Contributions, Work First, Child Support, Unemployment Benefits, Social Security, SSI, Worker's Compensation, VA, etc. Yes No If yes, attach verification for the month listed on Page 1. Please enter the information in the chart below.

If you receive Cash, Contributions, or Child Support, attach verification for the month listed on Page 1 and the month before that month.

Type of Money	Who Gets the Money?	Who Gives the Money?	Phone Number and Address of person who gives you money	How Much?	How Often?

What Assets Do People In Your Food Stamp Household Have?

14. Does anyone in your household have any of the following assets:

Type of Asset	Yes	No	Value	Who Owns It?	Where do you keep this asset and what is the account #?
Cash on Hand					
Checking Account					
Savings Account					
IRA					
Other					

15. We need to know about any vehicles you or anyone in your household owns. List vehicles below (cars, trucks, boats, campers, motorcycles, or any other vehicles):

Make	Model	Year	Amount Owed	Owner

Tell Us More About The People In Your Food Stamp Household

16. Do you know of anything that has changed in your household such as anyone stopping or starting work or school within the last 6 months? Yes No If yes, please list the changes:

17. Is anyone in your household age 16 or older and attending school? Yes No If yes, list persons name and school they attend:

18. Does anyone in your household have a felony drug conviction after August 22, 1996? Yes No If yes, please tell us his/her name, date, type, and place of conviction:

19. Is anyone in your household in violation of probation or parole or running from the law to avoid felony prosecution? Yes No If yes, please tell us his/her name and the date and type of violation:

Do You Need Someone To Apply for or Use Your Food Stamp Benefits for You?

If you want someone other than yourself to use or obtain information about your benefits, please check the box below. If you check **yes**, we will give or mail you a form. You and the person you want to help can complete the form and return it to our office. This person will receive an EBT card and will have access to your Food Stamp benefits.

Do you need someone to help you get and/or use your Food Stamp benefits? Yes No If yes, please list that person's name: _____

Your Signature and Statement of Understanding

To apply for Food Stamp benefits, you or your authorized representative must complete this form and sign your name on the signature line. If this form is incomplete, your food stamp worker will contact you to get more information. If you have any questions, please contact your caseworker or the CARE-LINE at 1-800-662-7030.

Please read the enclosed Rights and Responsibilities.

I acknowledge that I have received an explanation of my right to an income deduction for Food Stamp benefits for any of the following items: Legally obligated child support, child/adult care expenses, medical expenses, shelter expenses, utility expenses, and operational expenses for self-employment. I understand that if I fail to report or verify any of the above listed expenses, I give up my right to receive a deduction for these expense(s).

I understand that my signature authorizes federal, state, and local officials to contact other persons or organizations to verify the information I have provided.

Your Signature:	Date Signed:
Authorized Representative or Witness Signature (if applicable):	Date Signed:
Your Telephone Number or a Number Where You Can be Reached:	