Washington State Department of Social & Health Services
Transforming lives

Mid-Certification Review

To keep getting benefits, you must complete your mid-certification review by mail, drop-off, or phone.

For Cash:	**For Working Family Support:**	**For Basic Food:**
▪ Answer every question; ▪ Provide proof of income; ▪ Provide proof of all changes; and ▪ Sign and return this review form.	▪ You do not need to answer questions 3, 4, 5 or 11. ▪ You must provide proof of income and hours worked.	▪ You do not need to answer questions 3, 4, 5 or 11. ▪ If you receive Basic Food only, you're not required to provide proof of income for this review. However, you can provide proof of a decrease in income for a possible increase in benefits. ▪ Sign and return this review form.

1. Name, Current Address, and Contact Information

FIRST NAME	LAST NAME	CLIENT IDENTIFICATION (ID) NUMBER

STREET ADDRESS WHERE YOU LIVE	CITY	STATE	ZIP CODE
MAILING ADDRESS IF DIFFERENT	CITY	STATE	ZIP CODE

PHONE NUMBER	WORK/OTHER CONTACT PHONE NUMBER

2. People Moving In or Out of Your Home

Did anyone move into or out of your home? ☐ Yes (tell us more below) ☐ No

NAME	RELATIONSHIP TO YOU	DATE MOVED **IN**	DO YOU WANT BENEFITS FOR THIS PERSON?	DATE MOVED **OUT**
			☐ Yes ☐ No	
			☐ Yes ☐ No	

3. Pregnancy (Not Needed for Food Assistance)

Did anyone have a change of pregnancy in the last six months? ☐ Yes (tell us more below) ☐ No

NAME	EXPECTED DUE DATE	PREGNANCY END DATE

4. Cash Resources (Not Needed for Food Assistance)

Do the people in your household have cash resources? ☐ Yes (tell us more below) ☐ No

OWNER	CHECKING	SAVINGS	STOCKS	BONDS
	$	$	$	$
	$	$	$	$

5. Vehicles (Not Needed for Food Assistance)

Did someone get a vehicle in the last six months? ☐ Yes (tell us more below) ☐ No

OWNER	MAKE (EXAMPLES: FORD, DODGE)	MODEL (EXAMPLES: FOCUS, NEON)	MODEL YEAR (EXAMPLES: 1998, 2004)	CURRENT VALUE	AMOUNT OWED	IS THIS A LEASED VEHICLE?
						☐ Yes ☐ No

6. New Income / Income That Has Stopped

Did someone start or stop getting income in the last six months? ☐ Yes (tell us more below) ☐ No

(EXAMPLES: NEW JOB / UNEMPLOYMENT COMPENSATION / SOCIAL SECURITY / L&I BENEFITS / CHILD SUPPORT)

NAME OF PERSON WITH INCOME	EMPLOYER OR OTHER SOURCE OF INCOME	DID INCOME START OR STOP?	DATE INCOME STARTED	DATE INCOME STOPPED
		☐ Start ☐ Stop		

7. Earnings / Self-Employment Income

NAME OF PERSON WITH INCOME	EMPLOYER AND CONTACT PERSON WHO CAN VERIFY YOUR INCOME	EMPLOYER PHONE NUMBER	PAY RATE (EXAMPLES: $10 PER HOUR/ $1,200 PER MONTH/ $2 PER BUSHEL)	WEEKLY HOURS WORKED	DAYS PAID (EXAMPLES: 10TH AND 25TH/EVERY OTHER FRIDAY, EVERY TUESDAY/DAILY)
			$ per		
			$ per		

If you or someone else in your home is an able-bodied adult without dependents and receive food assistance, have the work hours fallen below 20 hours per week? ☐ Yes ☐ No

8. Child Support You are Legally Required to Pay

Did someone have a change in their child support order? ☐ Yes (tell us more below) ☐ No

PERSON WHO IS LEGALLY OBLIGATED TO PAY CHILD SUPPORT	NAME OF CHILD COVERED IN SUPPORT ORDER	AMOUNT OF MONTH CHILD SUPPORT ORDER	AMOUNT OF SUPPORT **THEY PAY** PER MONTH
		$	$

9. Income from Other Sources

NAME OF PERSON WITH INCOME	SOURCE OF INCOME (EXAMPLES: SOCIAL SECURITY / CHILD SUPPORT / L&I BENEFITS / UNEMPLOYMENT COMPENSATION)	HOW OFTEN RECEIVED (EXAMPLES: WEEKLY/MONTHLY)	AMOUNT RECEIVED EACH MONTH
			$
			$

10. Rent / Mortgage / Taxes and Mandatory Fees

LIST **MONTHLY AMOUNTS** OF THE FOLLOWING EXPENSES

Mortgage/rent: $ _____

Is any part of your mortgage / rent paid by someone else or an agency? ☐ Yes ☐ No

How much do they pay: $ _____

How much do you pay: $ _____

Space rent: $ _____

Required rental fees: $ _____

LIST **YEARLY AMOUNTS** OF THE FOLLOWING EXPENSES IF NOT INCLUDED IN YOUR MORTGAGE OR LEASE

Property taxes: $ _____

Homeowner's insurance: $ _____

Association/condo fee: $ _____

11. Utility Costs

What utilities does your household pay for separately from rent or mortgage?

☐ Heat (Electric / Gas) ☐ Electric (Not Heat) ☐ Water ☐ Home / Cell Phone ☐ Sewer
☐ Garbage

☐ I received a Low Income Home Energy Assistance Act (LIHEAA) payment in the past 12 months.

12. Voter Registration

The Department offers voter registration services as required by the National Voter Registration Act of 1993. Applying to register or declining to register to vote will not affect the services or amount of benefits that you may be provided by this agency. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Washington State Elections Office PO Box 40229, Olympia, WA 98504-0229 (1-800-448-4881).

Do you want to register to vote or update your voter registration? ☐ Yes ☐ No

13. Signature and Date	
By signing this form I state the information I gave in this document is true, correct, and complete to the best of my knowledge. I know the information I give on this form may stop or reduce my benefits. I know it is a crime to incorrectly receive cash or food benefits by making a false statement on purpose or failing to report something I know I should report. I understand if I provide information I know is incorrect, I could be criminally prosecuted. I understand penalties for intentionally breaking food assistance rules include disqualification, fines, or imprisonment. I understand if I don't provide proof of income changes that increase my benefit for cash or food assistance, changes won't be used to determine my benefits.	
SIGNATURE OF HEAD OF HOUSEHOLD OR AUTHORIZED REPRESENTATIVE	DATE