

Louisiana Department of Health
Verification of Living Arrangements
P. O. Box 260031
Baton Rouge, LA 70826-0031

Case Name: _____
Case ID Number: _____
Worker Number: _____
Date: _____

- Please have the person who lives with you complete this form. You must return it to us by _____ . If you have any questions concerning the completion of this form, please call _____ .
- Có người sống chung với bạn điền vào mẫu này. Bạn phải trả lại cho chúng tôi bởi _____ . Nếu bạn có bất kỳ câu hỏi nào liên quan đến việc hoàn thành mẫu đơn này, xin vui lòng gọi _____ .
- Por favor, tenga a la persona que vive con llenar este formulario. Usted debe volver a nosotros por _____ . Si tiene alguna duda sobre el llenado de este formulario, por favor llame _____ .

The above-named person has given consent for the release of the information requested below to help establish eligibility for assistance. This person has stated that you live in the same home.

Section I.

1. Does the above-named person live with you? Yes No
2. Are you related to this person? Yes No
If yes, what is your relationship to this person? _____
3. Does the above-named person pay rent to you? Yes No If yes, amount paid: _____ How often paid ? (Weekly, Monthly, Etc.) _____
4. Does the above-named person pay for utilities separately from rent? Yes No
If yes, check which utilities they pay: Electricity Water Gas Phone Sewer
 Garbage Other _____
Do they give the money directly to the utility company? Yes No
Do they give the money directly to you? Yes No If yes, amount paid: _____
How often paid? (Weekly, Monthly, Etc.) _____
Are heating or air conditioning costs included in the utilities? Yes No

Section II.

1. Do you give the above-named person money? Yes No
2. How much money do you give him/her? _____
3. How often do you give him/her money? Daily Weekly Every two weeks
 Twice per month Monthly One time only
4. Is this money a gift or a loan? Gift Loan
5. Do you expect to be repaid? Yes No
If yes, when do you expect to be repaid? _____
6. If you do not give the above-named person money, do you pay any bills or buy things for this person? Yes No If yes, please explain:

Section III.

1. List all persons who live in the home and list relationship to above-named person.

Name	Relationship to Above-Named Person
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Do both parents of the children live in the home? Yes No
If no, what is the name of the parent who does not live in the home? _____
3. Did anyone move into or out of the home recently? Yes No
If yes, who? _____
4. Do all the persons listed above purchase and prepare meals together or will purchase and prepare meals together if certified for the Supplemental Nutrition Assistance Program? Yes No
If no, who purchases and prepares or will purchase and prepare meals separately?

Your Signature

Date

Your Address

Telephone number where you can be reached during the day: _____