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|  | **Statement of Understanding:**  **Mid-Certification Review** | | |  |
| **To keep receiving cash or food assistance, you must complete a Mid-Certification Review.** There are three ways for you to complete your review:  1. On the phone by calling 1-877-501-2233.  2. By completing form DSHS 14-467 and   * Faxing it to us at 1-888-338-7410; or * Mailing it to us at PO BOX 11699, TACOMA WA 98411.   3. By going over your current circumstances with us in the local office, signing, and dating this form. | | | | |
| **What you must report on your Mid-Certification Review:**   * A change of address and your shelter costs at a new address. * Changes in who lives in your household. * Changes in your household’s income from **any source**. This includes income from working, unemployment compensation, social security, Labor & Industries, and child support. * Changes in any child support that you are legally required to pay for a child you don’t live with. * If you don’t have children in your household, and an able-bodied person’s work hours go below 20 hours a week. | | | | |
| **Read carefully and sign before returning this form:**   * I understand that DSHS rules require me to complete this Mid-Certification Review and tell DSHS about changes in my household’s circumstances according to WAC 388-418-0005 and WAC 388-418-0011. * I understand that it is a crime for me to tell a lie in order to get cash or food benefits. I also understand it is a crime if I don’t tell DSHS something I know I have to report. * I understand that if I provide information I know is wrong, I could be charged with a crime. * I understand the penalties for breaking food assistance rules include being disqualified from receiving food assistance, fines, or imprisonment. * I understand that if I don’t provide proof of changes that could make my benefits go up, DSHS won’t use these changes to determine my benefits. * I understand that what I’ve told the department in this report may impact my benefits. * I declare under penalty of perjury that information I told DSHS in this report is true and correct to the best of my knowledge. | | | | |
| SIGNATURE DATE | | PRINTED NAME | CLIENT ID NUMBER | |