



# Food Stamp Outreach Partners Fax Cover

**TO:** \_\_\_\_\_ **Transitional Assistance Office**

**FROM:**

**Agency** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Phone** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**RE:**

**Application Name** \_\_\_\_\_

**Application Number** \_\_\_\_\_

**SSN** \_\_\_\_\_

**PAGE(S) TO FOLLOW** \_\_\_\_\_

## **REQUESTS:**

**Phone Interview** ☐ Yes ☐ No **Phone Number** \_\_\_\_\_

**Hardship Reason:** please check appropriate box (s)

☐ Elderly/Disability ☐ Transportation Problems ☐ Work during DTA office hours

☐ Child Care/Care of Disabled Household Member ☐ Other \_\_\_\_\_

**Interpreter** ☐ Yes ☐ No

**Language** \_\_\_\_\_

**PROOFS ATTACHED:** please check appropriate box (s)

☐ Identity ☐ Wages ☐ Unearned Income ☐ Noncitizen information

☐ Asset Information ☐ Shelter ☐ Dependent Care ☐ Medical Expenses

☐ Utility ☐ Child Support ☐ Other \_\_\_\_\_

## **OTHER DOCUMENTS:**

☐ Authorized Representation Form

☐ Consent/Release

☐ RR-FSP-1B Signature Page (for web applications only)

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_