Faxed Verifications for Online Application # _____

FAX Cover Page

То:		From:	
Fax:		Pages:	
Phone:		Date:	
DTA Address:			
Re:	Online Application Submitt	ted	
Applicant's Pho	ne: Be	st time to call:	
Alternate Phone	e: Be:	st time to call:	

Dear DTA Caseworker or Supervisor,

The faxed verifications included here correspond to the online application identified by the number at the top of the page. Each page of the fax should also have the online application ID at the top. Please make sure that this fax reaches the assigned caseworker, or, if the case is not yet assigned, please route the documents to the appropriate supervisor.

This client was assisted in submitting the online application by an advocate from:

Please contact this agency or the client directly if you need clarification.

Special Instructions:	

Instructions Agency: Please include above your client's name, the date, and the number of pages you are faxing, including the cover page. Also please fill in your client's phone number(s) and indicate the best time for the caseworker to reach them at that number. Don't forget to write the application identification number at the top of each document you are faxing to DTA.

Please add any information you think may be helpful to the DTA caseworker in the 'Special Instructions' section.

