

REQUEST FOR INFORMATION

PURPOSE: To provide notification to food stamp or Income Maintenance applicants or participants of information necessary to establish initial or continued eligibility for participation in the Food Stamp or Income Maintenance Programs.

NUMBER OF COPIES AND DISPOSITION: This is a two-part NCR form. Mail or give the original to the applicant/participant. File a copy in the case record. Retain until the end of the current certification period or reinvestigation.

NOTE: *For MAF/MC+ applications/reinvestigations, do not use form IM-31A. The correct form is the IM-31A (MC+).*

INSTRUCTIONS FOR COMPLETION: This form may be typed, handwritten in ink or the electronic version may be used.

CASE NAME: Enter the full case name.

ADDRESS: Enter the applicant/participant's address.

CASE NUMBER: Enter the case number. If it is an initial application and no number has been assigned, enter "application".

DATE: Enter the date the form is initiated.

MONTH/DATE: Enter the month, day, and year information is to be received.

INFORMATION NECESSARY: Enter a check (✓) mark preceding the information needed by the caseworker/case manager for completing the investigation.

CLOSING: This form is completed when the caseworker/case manager requesting the information signs the form, enters his/her phone number, and time available.