

ATTACHMENT VI

_____ COUNTY
DEPARTMENT OF SOCIAL SERVICES

Date Mailed

Dear _____

During a routine review of your case, it has come to our attention that you may have income or resources from a financial institution that we are unaware of. In order to determine your continuing eligibility for assistance, we must verify this information. Please provide us with the name of the financial institution and the account information.

I have enclosed a release form (DMA 3431) that authorizes us to contact the source of this income or resource. Please sign this form and return it with your account information in the self-addressed envelope by _____.

If you have any questions, please call me at _____.

Sincerely,

Income Maintenance Caseworker

Name of Institution _____

Account Number _____

How long have you had this account? _____

Signature

Date