



420 E. 28th St. ~ San Angelo, TX 76903
 (325)481-2500 ~ Fax (325)481-2506

INTERIM RE-EXAMINATION FORM

Head of Household Name: _____	Social Security: _____
Contact Numbers: Home: _____	Work: _____ Other: _____

PLEASE CIRCLE THE CHANGE(S) YOU ARE REPORTING

INCOME	HOUSEHOLD	CHILD CARE	MEDICAL	ASSETS
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EARNED INCOME (Complete this section if you are adding or removing income. This includes any contributions.)							
Person w/Income	Amount Paid	How Often Paid	Hours Work Per Week	Employer's Name and Mailing Address & Zip Code	Employer's Phone Number		ADD DECREASE INCREASE OR REMOVE

SUPPLEMENTAL BENEFITS: (Complete this section if you are adding or removing benefits.)
 Provide Current Award Letter - No more than 60 days old.

Person w/Income	TANF	Child Support	SS/SSI	Unemployment	Food Stamps	Pension Retirement	Worker's Comp	Self Employed		ADD DECREASE INCREASE OR REMOVE
	\$	\$	\$	\$	\$	\$	\$	\$		

HOUSEHOLD COMPOSITION: (Complete this section if you are adding or removing persons from the household.)
 If adding, please provide the following: Birth Certificate, Social Security Card, Photo ID or Marriage License

Household Member	D.O.B.	Relationship	Age	Social Security Number	Disabled? Yes or No	Race	Hispanic? Yes or No		ADD OR REMOVE

CHILD CARE (Complete this section if you are adding or removing child care information.) (Verification Required)

Provider's Name: _____	Provider's Contact Phone Number: _____		ADD DECREASE INCREASE OR REMOVE
Provider's Address w/ Zip Code: _____	Amount paid \$ _____	How Often (wk, bi-wk, monthly) _____	
Child(dren) cared for: _____			

MEDICAL EXPENSES (Complete only if Head of Household or Spouse is disable, or 62 years or age or older.)

Note: When reporting medical expenses please provide monthly billing statements, for prescription medications, provide a signed pharmacy printout.

Provider's Name: _____	
Provider's Address w/ Zip Code: _____	
Provider's Contact Phone Number: _____	

ASSETS:	(Complete this section only if adding or removing assets) (Provide 3 Current Statements)						
Name of Bank	Address	City, State, Zip Code	Phone Number	Account Type	Account Number	Balance	ADD OR REMOVE

Does anyone outside of your household pay for any of your bills or give you money? { } YES { } NO If yes, explain: _____	
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COMMENTS:

I CERTIFY THAT ALL THE INFORMATION ABOVE IS TRUE AND CORRECT

 PRINTED NAME OF HEAD OF HOUSEHOLD

 SIGNATURE OF HEAD OF HOUSEHOLD

 DATE

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATED THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.