

To: Polk County Circuit Court

From: Department of Human Services

Re: _____
Name of Benefit Recipient

Date of Birth

I verify the individual listed above is currently receiving one or more of the following benefits:

- Food Stamps
- TANF (Temporary Assistance to Needy Families)
- OHP (Oregon Health Plan)
- QMB
- CAWEM

Signature (DHS Employee)

Date stamp