

YOU MUST MAIL THIS FORM WITH THE UPPER PART COMPLETED TO THE DEPT OF HEALTH - ADDRESS PROVIDED BELOW - TO OBTAIN THE NECESSARY INFORMATION IN REGARDS TO YOUR STATE SSI.

TO: Department of Health
State SSI Department
6101 Yellowstone Rd
Suite 210
Cheyenne, WY 82002

DATE: _____

TO WHOM IT MAY CONCERN:

PLEASE VERIFY WHETHER THE BELOW PERSON(S) IS RECEIVING STATE SSI FROM THE STATE OF WYOMING IN ADDITION TO THEIR SOCIAL SECURITY SUPPLEMENTAL INCOME PAYMENT. YOUR PROMPT RETURN OF THIS FORM TO THE ADDRESS PROVIDED BELOW WOULD BE GREATLY APPRECIATED. THANK YOU.

HOUSEHOLD MEMBER NAME RECEIVING STATE SSI: _____

HOUSEHOLD MEMBER SOCIAL SECURITY NUMBER RECEIVING STATE SSI: _____

HOUSEHOLD MEMBER NAME RECEIVING STATE SSI: _____

HOUSEHOLD MEMBER SOCIAL SECURITY NUMBER RECEIVING STATE SSI: _____

SINCERELY,

HEAD OF HOUSEHOLD (please print legibly) _____

ADDRESS _____

CITY, STATE, ZIP _____

YES HOUSEHOLD MEMBER _____ IS RECEIVING \$ _____ EACH MONTH FROM THE STATE OF WYOMING.

YES HOUSEHOLD MEMBER _____ IS RECEIVING \$ _____ EACH MONTH FROM THE STATE OF WYOMING.

NO HOUSEHOLD MEMBER _____ IS NOT RECEIVING STATE SSI FOM THE STATE OF WYOMING.

NO HOUSEHOLD MEMBER _____ IS NOT RECEIVING STATE SSI FOM THE STATE OF WYOMING.

VERIFIED BY: _____
SIGNATURE OF QUALIFIED PERSONNEL

DATE

TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. HUD, THE PHA AND ANY OWNER (OR ANY EMPLOYEES OF HUD, THE PHA OR THE OWNER) MAY BE SUBJECT TO PENALTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USE OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THIS VERIFICATION FORM IS RESTRICTED TO THE PURPOSE CITED ABOVE. ANY PERSON WHO KNOWINGLY OR WILLFULLY REQUESTS, OBTAINS OR DISCLOSES ANY INFORMATION UNDER FALSE PRETENSES CONCERNING AN APPLICANT OR PARTICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINED NOT MORE THAN \$5,000. ANY APPLICANT OR PARTICIPANT AFFECTED BY NEGLIGENT DISCLOSURE OF INFORMATION MAY BRING CIVIL ACTION FOR DAMAGES, AND SEEK OTHER RELIEF, AS MAY BE APPROPRIATE, AGAINST THE OFFICER OR EMPLOYEE OF HUD, THE PHA OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENALTY PROVISIONS FOR MISUSING THE SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 42 U.S.C. 208 (f), (g) and (h). VIOLATION OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 U.S.C. 405 f, g and h.