

## STATE OF TENNESSEE DEPARTMENT OF HUMAN SERVICES JAMES K. POLK BUILDING

JAMES K. POLK BUILDING 505 DEADERICK STREET NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165 TTY: 1-800-270-1349 www.tn.gov/humanservices

BILL LEE GOVERNOR DANIELLE W. BARNES COMMISSIONER

To Whom It May Concern:

This letter is to verify that (Insert HoH Name) \_\_\_\_\_\_ currently receives benefits from the Tennessee Department of Human Services. These benefit programs are means-tested programs, and (Insert HoH Name) \_\_\_\_\_\_ has verified that their income and resources are such that they qualify for assistance. They have been receiving the following benefits:

SNAP in the amount of \$	monthly.	Certification dates	to
TANF in the amount of \$	monthly.	Certification dates	_ to

The individuals in the household are:

Name	DOB	SNAP (select)	TANF (select)