

Wichita DCF Office
2601 S OLIVER ST
WICHITA, KS 67210-1205



Chyanna L Swisher
5414 S GLENN ST
WICHITA, KS 67217-5069

Notice Date: 05/24/2023
Case Name: CHYANNA L SWISHER
Case Number: 02800839
Program: Food Assistance

Food Assistance Interim Report Form

We need the following information to determine if you are still eligible for food assistance. Please complete this form and return it to us by 06/03/2023.

If you do not complete and return this form your food assistance benefits will be delayed or your food assistance case will close 06/30/2023.

YOU NEED TO ATTACH PROOF OF THE MOST RECENT 30 DAYS OF EARNED INCOME THAT HAS BEEN RECEIVED BY ALL HOUSEHOLD MEMBERS.

How can you give us the information we need?

You may complete and return the Interim Report form in any of the following ways:

- Online:
Go to www.dcfapp.kees.ks.gov. Fill out and submit the Interim Report form online. You will need to create a login and password the first time you use the online site.
- Use the paper form enclosed. Answer the questions on the form. Then, you must sign and date it. You can return it to us
By mail or in person:
You can mail or drop off copies of your information to:
Wichita DCF Office
2601 S OLIVER ST
WICHITA, KS 67210-1205

By email:

You can email your Interim Report form to DCF.WichitaEES@ks.gov

By fax:

You can fax your Interim Report form to (316) 337-7059

Use extra paper if needed to answer any of the questions.



This action is based on Kansas Economic and Employment Services Manual.

If you have questions or need help completing the interim report form, contact Wichita DCF Office at (888) 369-4777.

1. Have any persons moved in or out of your home since you last reported? (Including birth, death, marriage, divorce or separation)? No ☐ Yes ☐

If yes, list the name and date of birth and describe the change below.

Name	Date of Birth	Type of Change

2. For all persons in your home who are working, answer the following questions.

- a. Has anyone changed employers since last reported? No ☐ Yes ☐

If yes, enter name _____ and complete the following. If no, go to item b below.

Name of Employer _____ Phone Number _____

Hours Worked Per Week _____ Hourly Rate or Salary _____

Day of Week Paid _____ How Often Paid _____

If anyone has changed employers, please provide the most recent 30 days of paystubs.

- b. If anyone is still with the same employer, has there been a change in the wage rate, salary, or full-time or part-time employment status since you last reported? No ☐ Yes ☐

If yes, enter name _____ and complete the following:

Hours Worked Per Week _____ Hourly Rate or Salary _____

Explain: _____

If the income has changed, please provide the most recent 30 days of paystubs.

3. Has anyone started a job or had a change in hours worked since last reported? No ☐ Yes ☐

If yes, enter name _____ and complete the following:

Name of Employer _____ Phone Number _____

Hours Worked Per Week _____ Hourly Rate or Salary _____

Day of Week Paid _____ How Often Paid _____ Date of First Pay _____

If anyone has started a job or had a change in hours worked, please provide the most recent 30 days of paystubs.

4. Has anyone stopped a job since last reported? No ☐ Yes ☐

If yes, explain: _____



5. For all persons in your home that are getting other income (child support, Social Security, SSI, VA, Unemployment Benefits, etc.), has that income changed by more than \$125?

No ☐ Yes ☐

If yes, explain: _____

6. Has the amount of cash on hand, stocks, bonds or money in a bank account or savings institution reached or gone over \$2750? No ☐ Yes ☐

If yes, explain: _____

7. Have you moved? No ☐ Yes ☐

If yes, answer the following questions:

a. Your new address: _____

b. Date moved: _____

c. Landlord name, address and phone: _____

d. Rent/mortgage amount: _____

e. Property taxes not included in mortgage (if applicable): _____

f. Homeowners insurance not included in mortgage (if applicable): _____

g. Do you pay for heating or cooling at your new address? No ☐ Yes ☐

8. For all persons in your home that have a legal obligation to pay child support, have there been any changes in the legal obligation to pay child support (court ordered amount increased or decreased)? No ☐ Yes ☐

If yes, explain: _____

If yes, please provide proof of the change in your legal obligations to pay child support.



9. Are you or any of your household members age 60 or older or disabled and have ongoing medical expenses that total more than \$35 per month? No ☐ Yes ☐

If yes, you may qualify for a medical deduction to increase your Food Assistance benefits.
Tell us about the monthly amount you pay.

Type of Medical Expense	Amount
Dentures/Glasses/Hearing Aids	
Insurance Co-Payments	
Insurance/Medicare Premiums	
Hospital	
Prescription Drugs	
Transportation Costs	
Other Medical Expenses	

10. Does anyone in your household own a vehicle (this includes cars, trucks, motorcycles, boats, personal watercraft, recreational vehicles, all terrain vehicles or other vehicles)? No ☐ Yes ☐
If yes, complete below.

	Vehicle 1	Vehicle 2
Year		
Make		
Model		
Owner		
Estimated Value		
Balance Owed		
What is the main use of this vehicle? (work, school, seek work, medical, as a home, etc.)		



11. Does anyone in your household have a vehicle that is used to transport a disabled household member?

No ☐ Yes ☐

If yes, which vehicle _____

12. Able-Bodied Adults Without Dependents (ABAWD) that are age 18-49 years are subject to time limits and work requirements. Any changes in work hours that bring an ABAWD below 80 hours in a calendar month must be reported to DCF.

Have you or a member of your household age 18 through 49 worked or participated in a training program for less than 80 hours per calendar month? No ☐ Yes ☐

If yes, enter name _____ and complete the following.

Name of Employer _____ Phone Number _____

Hours Worked Per Week _____ Hourly Rate or Salary _____

13. Other information you need to report:

ATTENTION:

If you or anyone in your household wins a lottery or gaming prize in a single game that is \$4250 or greater (before taxes or other amounts are withheld), you must report it to DCF within 10 days of the end of the month in which the household received the winnings.

I UNDERSTAND THE QUESTIONS ON THIS FORM, AND I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION GIVEN BY ME ON THIS FORM IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I also understand that any changes reported on this form may result in a reduction or termination of benefits. I also understand that if I am found guilty of fraud I may not get food assistance for one year for the first offense, two years for the second offense and permanently for the third offense.

SIGNATURE _____ DATE _____

TELEPHONE NUMBER : _____



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