

PO Box 5234 Janesville, WI 53547

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SEF

STATEMENT OF HOUSEHOLD EATING ARRANGEMENTS

	EI					EFFE	EFFECTIVE DATE			
						WORKER:				
CASEHEAD NAME:						SSN:	_SSN#:			
ADDRE	SS:									
	eryone (including child or and relationship to NAME & SOCIAL SECU	you. Indicate wh	nether or not	you b	uy, coo	k and e	•	ith each p	•	
1.										
										
3.										
4.										
5.					_			_		
*	Does one person pay the full rent or mortgage?				Υ	or	N	(circle o	ne)	
*	Do you share the rent or mortgage expense?				Υ	or	N	(circle o	ne)	
*	If yes, how much do you pay?									
*	How much do the other household members pay and who pays?									
*	Whose name is on the utility bills?									
*	Do you contribute to	the utilities?	Y or	Y or N			ircle one) The amo		ount you pay?	
*	If yes, circle those that you pay towards?									
	Gas	Coal	E							
		Wood Water		Sewer			Trash	Removal		
	ruei Oii	water	'	eleph	one					
Signatur		Date				Telephon	e			
Other Household Member Signature				Date				Telephone		
Other Household Member Signature				Date				Telephone		

CRAWFORD GRANT GREEN IOWA JEFFERSON LAFAYETTE ROCK