OUT-OF-STATE INQUIRY (DUPLICATE BENEFITS) PARIS MATCH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 1050 (8-2024)

Inquiry Date

The State of North Dakota Department of Health and Human Services is requesting verification of current and/or past public assistance benefits regarding the person listed in Section A below and the members of their family/household for whom they received assistance in your state.

If this person and/or their family/household members have not received benefits in your state, please confirm non-receipt of benefits in the Comments section at the end of this form.

Section A: NORTH DAKOTA CASE INFORMATION

Case Name (Last, First, MI)	Case Number	Current Address ☐ Residence ☐ Mailing	
Address	City	State	ZIP Code

Section B: OUT-OF-STATE AGENCY INFORMATION

Agency Name Where Information is Sent To		State Sent
Telephone Number	Fax Number	Email Address

Name of ND HHS Staff Sending this Form		
Telephone Number	Fax Number	Email Address

Case Members: Complete the information below for the person listed above and any member of their family and/or household for whom they received assistance.

Name (Last, First, MI)		
Date	Social Security Number	
Benefits Received	Begin	End
☐ SNAP		
☐ Medicaid		
☐ TANF		
SNAP ABAWD Count Months for the past 36 months (3 years).		
Month 1	Month 2	Month 3
TANF(including Tribal TANF) Months Received as an Adult (beginning July 1997)		

Name (Last, First, MI)		
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Has any household member been convicted of Fraud, an Intentional Program Violation or Drug Felony? ☐ Yes ☐ No	If yes, when?	Which State?
Comments (if no benefits received, confirm here)		

** for additional family and/or household member information, attach additional pages

Please return this form to:

Department of Health and Human Services
Customer Support Center
PO Box 5562
Bismarck ND, 58506

OR FAX: (701)-328-1006

OR Email: **applyforhelp@nd.gov**

For questions call Customer Support Center at: 1-866-614-6005