



VERIFICATION OF PUBLIC ASSISTANCE INCOME

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ECONOMIC ASSISTANCE

SFN 300 (4-2024)

This form is used by the Department of Health and Human Services, Economic Assistance Programs and its' Authorized Agents, to verify certain (means-tested) benefits to Public Housing Authorities. A valid Authorization to Disclose Information form to the Public Housing Authority must be on file prior to disclosure.

PUBLIC HOUSING AUTHORITY

Name of Public Health Authority			
Street Address	City	State	ZIP Code

CLIENT INFORMATION

Name of Client		Date of Birth	
Street Address	City	State	ZIP Code

The above individual is currently receiving certain (means-tested) benefit. Receipt of the type of benefit is indicated with a (Yes) or (No) along with the monthly benefit amount.

Client Share is the monthly amount an individual must pay in medical bills before the Medicaid program will pay for care received. This does not verify payment of their Client Share Amount.

Copayment is the monthly portion of the childcare cost the individual is responsible to pay towards the cost of childcare. This does not verify payment of their copayment, nor does it include any amount that is charged/paid over the State Maximum Monthly Share.

Benefits are verified as of (mm/dd/yyyy)
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Type of Benefit	Benefit Received?	Monthly Amount	
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Client Share:	WWD Premium:
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit:	Prorated/Reduced Benefit:
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit:	Prorated/Reduced Benefit:
Child Care Assistance Payments (CCAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copayment:	

Printed Name of DHHS Representative or Agent	Title	
Signature of DHHS Representative or Agent		Date

If you have questions regarding this information please contact us at:

Department of Health and Human Services
Economic Assistance
PO Box 5562
Bismarck, ND 58505

Fax (701) 328-1006
Email: applyforhelp@nd.gov