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

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

SFN 1050 (12-2013)

Clear Fields

Inquiry Date

The State of North Dakota Department of 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.

Please complete the information below beginning with Section B, including your agency information and benefits received from your state by the individuals listed. 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	Case Number	Current Address: ☐ Residence ☐ Mailing	
Address	City	State	ZIP Code

Section B: CASE INFORMATION

State Agency Name	Contact Name		
Address	City	State	ZIP Code
Telephone Number	Fax Number		
Case Name	Case Number	Current Address: ☐ Residence ☐ Mailing	
Address	City	State	ZIP Code

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

Name (Last, First, MI)		
Date of Birth	Social Security Number	
Benefits Received	Begin	End
☐ SNAP		
☐ Medicaid		
☐ TANF		
TANF(including Tribal TANF) Months Received as an Adult (beginning July 1997)		

Name (Last, First, MI)		
Date of Birth	Social Security Number	
Benefits Received	Begin	End
☐ SNAP		
☐ Medicaid		
☐ TANF		
TANF(including Tribal TANF) Months Received as an Adult (beginning July 1997)		

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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):		

Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. The Department will not condition treatment on your agreement to authorize disclosure of your health information.