Request for Verification of Benefits from DHS

TO: _____ County DHS

Date: _____

Student: _____ SSN _____

$ ____ TEA Monthly Amount

$ ____ SSI Monthly Amount

$ ____ Social Security Monthly Amount

$ ____ Earnings Monthly Amount

$ ____ VA Monthly Amount

$ ____ Child Support Monthly Income

$ ____ SNAP Received Monthly

___***YES or*** ___***NO***– Does any household members Receive Medicaid/ARKIDS, If yes, whom: _____

_____ _____

(Signature of DHS Personnel) Date

Thanks for your prompt attention to this matter.
Career Pathways must verify all received DHS Benefits/Income for these students before any CPI services can be provided.