

_____ Client's Printed Name

_____ Date

_____ Client's Case Number

CLIENT STATEMENT

<input type="checkbox"/> Shelter Statement	<input type="checkbox"/> Fraud Statement	<input type="checkbox"/> Voluntarily Withdrawing Application
<input type="checkbox"/> Voluntarily Terminating Assistance	<input type="checkbox"/> Initiate, Change, or Remove a Vendor Payee	<input type="checkbox"/> Change the Amount of a Vendor Payment
<input type="checkbox"/> Lack of Adequate Child Care	<input type="checkbox"/> Loss of Employment	<input type="checkbox"/> Other:

Client's Statement: _____

_____ Signature of Casehead

_____ Date

_____ Printed Name of Casehead

Return to: Centralized Scanning Unit (CSU), P.O. Box 181, Concord, NH 03301