

FOOD STAMP HARDSHIP WAIVER

To: Food Stamp Eligibility Worker

Enclosed is my my application for the Food Stamp Program. Please consider the following request(s) for my interview.

I would like to waive the face to face interview with my eligibility worker for the following reason(s):

- | | |
|---|---|
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Work hours which preclude an in-office interview |
| <input type="checkbox"/> Elderly (60 years of age or older) | <input type="checkbox"/> Living in a rural or remote area |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Chronically homeless |
| <input type="checkbox"/> Care of ill household member | |
| <input type="checkbox"/> Prolonged severe weather | |

I am unable to appoint an authorized representative to act on my behalf at this time. I understand that a phone interview will be conducted.

I can be reached at (____) _____ (Home) _____ (Best Time)

(____) _____ (Cell)

Social Security Number (SSN): _____

Address: _____

(Signature)

(Date)

(Printed Name)

(Date of Birth)