

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Family Assistance Administration

**SEPARATE HOUSEHOLD STATUS STATEMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case NO _____
Case Name (Last, First, M.I.) _____
Date _____
Eligibility Interviewer's Name _____

In order to assist your DES Eligibility Interviewer to make an accurate determination of your household's food buying and cooking arrangements, please list the persons in your home that buy and cook their meals with and/or for you:

Name (Last, First, M.I.) _____	Name (Last, First, M.I.) _____
Name (Last, First, M.I.) _____	Name (Last, First, M.I.) _____
Name (Last, First, M.I.) _____	Name (Last, First, M.I.) _____
Name (Last, First, M.I.) _____	Name (Last, First, M.I.) _____

Please list the names of other persons living in your home who do not buy and cook their meals with you:

Name (Last, First, M.I.) _____	Name (Last, First, M.I.) _____
Name (Last, First, M.I.) _____	Name (Last, First, M.I.) _____
Name (Last, First, M.I.) _____	Name (Last, First, M.I.) _____
Name (Last, First, M.I.) _____	Name (Last, First, M.I.) _____

Is there an elderly (60 years of age or older) disabled person in your home who is unable to buy and cook his/her own meals?    Yes    No

I certify that the above information is true and correct and reflects the food buying and cooking arrangement of myself and the other persons in my home.

Applicant/Recipient's Signature \_\_\_\_\_ Date \_\_\_\_\_

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