

SEPARATE HOUSEHOLD STATUS STATEMENT

Date: _____
AZTECS Case No.: _____
HEA ID: _____
Case Name (<i>Last, First, M.I.</i>): _____
Worker's D-Number: _____

In order to assist your DES Worker 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 (<i>Last, First, M.I.</i>)	Name (<i>Last, First, M.I.</i>)

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

Name (<i>Last, First, M.I.</i>)	Name (<i>Last, First, M.I.</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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