

**Arizona Department of  
Economic Security  
Family Assistance  
Administration**

**Verification of New/  
Current Employment**

**Date:** \_\_\_\_\_

**See pages 59-64 for USDA/  
EOE/ADA disclosures**

**Case Number / HEA Plus  
APP ID:**

---

**Case Name (*Last, First,  
M.I.*):**

---

---

**For questions, call:  
1-833-397-3155  
Fax completed form to  
602-257-7031 or  
1-844-680-9840**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

**The person whose  
name and signature  
appears below, or on  
the attached copy of the  
signature page of the  
DES/FAA Application,  
has requested your**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**cooperation in releasing  
the following information.  
Please complete and  
return this form via fax  
to the number written  
above.**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Authorization To Release  
Information  
*/ Autorización Para Dar  
Información***

**I hereby authorize  
release of any and all**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**information requested  
below concerning myself  
and my household  
members to the Arizona  
Department of Economic  
Security.**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

***Por la presente autorizo  
y doy mi consentimiento  
para que se entregue  
al Arizona Department  
of Economic Security  
toda y cualquier***

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

***información que se pide  
a continuación acerca de  
mí o de los miembros de  
mi hogar.***

**Employed Household  
Member's Name (Last,**



**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

**First, M.I.) /  
*Nombre del Miembro  
empleado del hogar  
(Apellido, nombre,  
segundo inicial):***

---

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Employee's  
Social Security  
Number / *Número Seguro  
Social del empleado:***

---

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

**Employed Household  
Member's Signature /  
*Firma del Miembro  
empleado del hogar:***

---

**Date / *Fecha:*** \_\_\_\_\_

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Signed release  
attached. A photocopy  
or fax of a client's or  
employee's signature  
shall be treated as an  
original signature.**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**New/current employers  
please complete all  
questions in Sections A,  
B and C.**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**A. New / Current  
Employer**

**Date Hired:** \_\_\_\_\_

**Anticipated Date of First  
Check:** \_\_\_\_\_

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Rate of Pay \$** \_\_\_\_\_

**Per:** \_\_\_\_\_

**Anticipated Gross Income  
\$** \_\_\_\_\_

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Number of Hours Worked  
Per Week: (*If hours per  
week vary, indicate the  
range possible*)**

**From \_\_\_\_\_ To \_\_\_\_\_**



**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Number of Hours Worked  
Per Day: *(If hours vary,  
indicate the range  
possible)***

**From \_\_\_\_\_ To \_\_\_\_\_**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Days of Week Worked  
(*check all that apply*):**

**Monday      Tuesday**

**Wednesday      Thursday**

**Friday      Saturday**

**Sunday**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Does the employee  
receive any tips/bonus/  
commission/shift pay?**

**Yes**

**No**

**Type:** \_\_\_\_\_

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**If yes, what is the range  
of possible amounts  
that the employee can  
receive?**

**From \_\_\_\_\_ To \_\_\_\_\_**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Frequency of pay:**

---

**Is this pay normal?**  
**Yes      No**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Are wages received  
under the Workforce  
Investment Act (WIA)  
Program?      Yes      No**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Employee reimbursed for  
(*check one*):      **Travel**  
                 **Lodging**              **Uniforms****

**How often?** \_\_\_\_\_

**Amount? \$** \_\_\_\_\_

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Employee is paid:**  
**Daily      Weekly**  
**Bi-weekly**  
**Twice monthly**  
**Monthly**  
**Other** \_\_\_\_\_



**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

**Is pay direct deposited?**  
**Yes          No**

**If yes, Name of Bank:**

---

**Day of week or date(s)  
pay period starts:**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

---

---

\_\_\_\_\_ **ends:** \_\_\_\_\_

**Overtime Rate \$** \_\_\_\_\_

**Overtime Hours Per  
Week:** \_\_\_\_\_

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Will overtime continue?**

**Yes      No**

**Contract?      Yes      No**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

***(If yes, attach copy  
and provide the gross  
earnings for each  
month(s) and year(s)  
indicated on Section C on  
page 44.)***

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Per Job (Rate) \$** \_\_\_\_\_

**Hourly (Rate) \$** \_\_\_\_\_

**Other** \_\_\_\_\_

**Child support  
withholding?**

**Yes**

**No**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Amount \$** \_\_\_\_\_

**How often?** \_\_\_\_\_

**Expected changes in  
income?      Yes      No**

**When?** \_\_\_\_\_

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Increase**

**Decrease**

**Why?** \_\_\_\_\_

**Worker's Compensation  
(Claim pending, or claim  
being paid)?**      **Yes**      **No**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Carrier's Name:**

---

**Is the employee on a  
leave of absence?**  
**Yes      No**



**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

**When does the leave of  
absence begin?**

---

**When is the leave of  
absence expected to end?**

---

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Is the leave of absence  
paid or unpaid?**

**Paid        Unpaid**

**Is the employee receiving  
short term disability?**

**Yes        No**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**How often?** \_\_\_\_\_

**Amount \$** \_\_\_\_\_

**Is the employee receiving  
long term disability?**

**Yes      No**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**How often?** \_\_\_\_\_

**Amount \$** \_\_\_\_\_

**Does your company offer  
health insurance?**

**Yes      No**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

***(If yes, continue to  
Section B.)***

**B. Health Insurance  
Information**

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

**Does the employee  
currently have (or has  
had) health insurance  
with your company?**

**Yes      No**

***If yes, complete  
information below.***

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

**If no, did employee  
decline health insurance?  
Yes      No**

---

**Name of Insurance  
Company:**

---

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Address (*No., Street*):**

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_



**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**ZIP Code:** \_\_\_\_\_

**Policy Number:**

---

**Policy Date:**

**From** \_\_\_\_\_

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**To** \_\_\_\_\_

**List insured dependents:**

---

---

---

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Relationship to Employee:**

---

---

---

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Employed Household Member's  
Name:** \_\_\_\_\_

**Employee's Social Security  
Number:** \_\_\_\_\_

---

## **C. Paychecks Issued**

**Indicate each paycheck issued to  
the employee:**

**From (*Month/Year*)** \_\_\_\_\_

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Employed Household Member's**

**Name:** \_\_\_\_\_

**Employee's Social Security**

**Number:** \_\_\_\_\_

---

**To (*Month/Year*)** \_\_\_\_\_

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Employed Household Member's Name:** \_\_\_\_\_

**Employee's Social Security Number:** \_\_\_\_\_

<b>Month / Year</b>	<b>Pay Period Ending</b>	<b>Date Actually Paid</b>

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Employed Household Member's Name:** \_\_\_\_\_

**Employee's Social Security Number:** \_\_\_\_\_

<b>Gross Earnings</b>	<b>Hours</b>	<b>Tips</b>
\$		\$
\$		\$
\$		\$
\$		\$

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Employed Household Member's Name:** \_\_\_\_\_

**Employee's Social Security Number:** \_\_\_\_\_

<b>Month / Year</b>	<b>Pay Period Ending</b>	<b>Date Actually Paid</b>



**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Employed Household Member's Name:** \_\_\_\_\_

**Employee's Social Security Number:** \_\_\_\_\_

<b>Gross Earnings</b>	<b>Hours</b>	<b>Tips</b>
\$		\$
\$		\$
\$		\$
\$		\$

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Employed Household Member's Name:** \_\_\_\_\_

**Employee's Social Security Number:** \_\_\_\_\_

<b>Month / Year</b>	<b>Pay Period Ending</b>	<b>Date Actually Paid</b>

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Employed Household Member's Name:** \_\_\_\_\_

**Employee's Social Security Number:** \_\_\_\_\_

<b>Gross Earnings</b>	<b>Hours</b>	<b>Tips</b>
\$		\$
\$		\$
\$		\$
\$		\$

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Employed Household Member's  
Name:** \_\_\_\_\_

**Employee's Social Security  
Number:** \_\_\_\_\_

<b>Month / Year</b>	<b>Pay Period Ending</b>	<b>Date Actually Paid</b>

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Employed Household Member's Name:** \_\_\_\_\_

**Employee's Social Security Number:** \_\_\_\_\_

<b>Gross Earnings</b>	<b>Hours</b>	<b>Tips</b>
\$		\$
\$		\$
\$		\$
\$		\$

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Employed Household Member's  
Name:** \_\_\_\_\_

**Employee's Social Security  
Number:** \_\_\_\_\_

<b>Month / Year</b>	<b>Pay Period Ending</b>	<b>Date Actually Paid</b>

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Employed Household Member's  
Name:** \_\_\_\_\_

**Employee's Social Security  
Number:** \_\_\_\_\_

<b>Gross Earnings</b>	<b>Hours</b>	<b>Tips</b>
\$		\$
\$		\$
\$		\$
\$		\$

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Print Name of Person  
Completing Form:**

---

**Signature of Person  
Completing Form:**

---



**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Title:**

---

**Name of Company:**

---

**Case Name:**

---

**Case Number:**

---

**Employed Household  
Member's Name:**

---

**Employee's Social  
Security Number:**

---

---

**Phone Number:**

---

**Fax Number:**

---

**Date:** \_\_\_\_\_

**In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.**

**Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities**

**may contact USDA through the Federal Relay Service at (800) 877-8339.**

**To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any**

**USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:**

**1. mail:**

**Food and Nutrition  
Service, USDA**

**1320 Braddock Place,  
Room 334**

**Alexandria, VA 22314; or**

**2. fax:**

**(833) 256-1665 or (202)  
690-7442; or**

**3. email:**

**[FNSCIVILRIGHTSCOMPLA  
INTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLA<br/>INTS@usda.gov)**

**This institution is an equal  
opportunity provider.**

---

**To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1.**