Return Form To: Recipient's Name: ____________________________
_____________________________ County DSS Case No.: ____________________________
_____________________________ Case Name: ____________________________
Worker's Name: ____________________________

I certify that I am a:
☐ Roomer (An individual to whom the household furnishes lodging for compensation, but not meals.)
☐ Boarder (An individual paying a reasonable amount for meals or meals and lodging must be considered boarders.)
in the household of the above named recipient, at the following address: ____________________________

I pay $ __________ per ☐ Week ☐ Month ☐ Other: (Explain) ____________________________

I eat __________ meals a day with this household.

Your Printed Name: ____________________________

Your Signature: ____________________________

Telephone No.: ____________________________ Date: ____________________________