

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

The above individual has indicated he/she is receiving benefits from your agency. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

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Weekly Gross Payment to Client \$ \_\_\_\_\_

Beginning date of Payment \_\_\_\_\_

Ending Date (if known) \_\_\_\_\_

Is this client entitled to an extension of benefits? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Remarks \_\_\_\_\_

Signed: \_\_\_\_\_

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

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

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