

Request for Waiver of Face-to-Face Interview

Date _____

Applicant's Name _____

Social Security Number _____

The applicant asks that the face-to-face interview with DTA staff be waived for the following reason(s):

Elderly Disabled Illness Transportation Work schedule

Prolonged severe weather Care of household member Rural area

The best time for a telephone interview would be:

Monday Tuesday Wednesday Thursday Friday

Mornings Afternoons

Daytime Phone: _____

Preferred Language (if other than English): _____

Comments:

I am applying for food stamps and I am requesting that the Department of Transitional Assistance waive the face-to-face interview for the reason stated above.

Applicant's Signature _____ Date: _____