COUNTY OF MONROE
DEPARTMENT OF HUMAN AND HEALTH SERVICES
DIVISION OF SOCIAL SERVICES

NOTICE TO RECIPIENTS (in Cooperative Cases)

Payee (Case 1)	Case Number
Payee (Case 2)	Case Number
Payee (Case 3)	Case Number
Payee (Case 4)	Case Number

We, the above individuals, affirm that we and our dependents (if any) reside in the same dwelling unit. Please answer the following three (3) questions:

1. We pool substantially all our income and resources together to meet household and individual expenses; YES ☐ NO ☐
2. We purchase and prepare food together; YES ☐ NO ☐
3. We share in the cost of other major household expenses, such as utilities, fuel, insurance, car maintenance, etc. YES ☐ NO ☐

We understand that if we answered "yes" to **all** of the three questions above, we will be determined to be living as a single, economic unit. Our Temporary Assistance needs will be calculated as if we were one family, and the grant calculated in this manner will be divided proportionally among us.

We understand that if we answered "no" to **any** of the three questions above, we will be determined not to be a single economic unit. Our Temporary Assistance needs (exclusive of shelter, heat and water, which will be divided proportionally) will be calculated as if we were separate families, and the grant calculated in this manner will be the basic grant of each family (except for allowances for shelter, heat and water, which will be added to this amount as appropriate for each family).

We further understand that we have to inform you of any future changes in our household financial arrangements.

Signed:

Payee	Date	Payee	Date
Payee	Date	Payee	Date

If you have questions about the budgeting of your Temporary Assistance cases please contact your worker.

1985 ADM-9 (**Danks** v. Perales)

MCDSS 102 1/03