



HOMELESS ADVOCACY PROJECT

1429 Walnut Street, 15th Floor, Philadelphia, PA 19102
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To: Pennsylvania DPW

From: _____
Attorney

Date: _____

Re: **Application for Medical Assistance and Expedited Food Stamps**

Dear Sir/Madam:

Please accept this letter as verification of the identity of _____, who is applying for Medical Assistance and Food Stamps. M_. _____ lost his/her identification documents, and I am presently assisting him/her in obtaining them. As you know, this letter is an acceptable collateral contact and can be used as verification of M_. _____'s identity under the Food Stamp and Medical Assistance Handbooks.

M_. _____'s date of birth is ___/___/_____.

His/her Social Security number is ___-___-_____.

He/she is approximately ___ feet, ___ inches tall.

He/she weighs ___ pounds, has _____ hair, and is _____ (White/African American/ Hispanic/ Other).

He/she does/does not wear glasses.

Should you have any questions, please feel free to contact me at any time. I can be reached at (215) 523-9595.

Sincerely,

Attorney Name