

Joe Lombardo  
Governor

Laura Rich  
Director



# DEPARTMENT OF HUMAN SERVICES

## DIVISION OF SOCIAL SERVICES

Helping people. It's who we are and what we do.



Robert H. Thompson  
Administrator

TANF       MEDICAID       SNAP

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

Case Name: \_\_\_\_\_

Case ID: \_\_\_\_\_



|  |      |
|--|------|
| <b>AUTHORIZATION:</b> I authorize you to release to the Division of Social Services the requested information. |      |
| Client Signature   | Date |

### JOINT OWNERSHIP OF BANK ACCOUNT

RE: \_\_\_\_\_  
Bank Name Account No.

You have legal title to the above joint bank account and all funds are considered available to you. This means the total amount of money in this account is considered your resource and deposits made to this account are considered your income.

If you disagree with this, you may provide information which may prove who owns the funds in the account.

- I AGREE** all funds in the account are mine.
- I DO NOT AGREE** all funds in the account are mine and agree to provide the following information:
  1. Form 2615, STATEMENT OF APPLICANT/RECIPIENT OR OTHER PERSON, (enclosed) completed by each person on the account explaining why the account was set up jointly, who made deposits to and withdrawals from the account and why. If any are minors or incompetent, a third party who is familiar with the circumstances may complete the form for him/her.
  2. Proof of deposits and the source of the deposits.
  3. Proof of withdrawals and how withdrawals were spent.
  4. Proof that access to the account has been changed so the funds are not legally available to you.

**PLEASE RETURN THIS FORM EVEN IF YOU AGREE ALL FUNDS IN THE ACCOUNT ARE YOURS.**

|                  |            |      |                  |
|------------------|------------|------|------------------|
| Client Signature | Print Name | Date | Telephone Number |
|------------------|------------|------|------------------|

