

 Department of Children & Family Services <i>Building a Stronger Louisiana</i>	Division/Section	Family Support
	Chapter No./Name	4-Economic Stability (ES)
	Part No./Name	Y-1000 Forms and Forms Instructions
	Section No./Name	Y-1080 ES Forms and Form Instructions (80-89)
	Document No./Name	OFS 082 Out-of-State Inquiry (OFS 82)
	Effective Date	May 1, 2014

CURRENT VERSION OF FORM: * 05/14 ** REPLACING: * 01/10 ** Issue Obsolete

STOCKED: Copy as needed/On-Line Policy Management System

UNIT OF ISSUE: N/A (8 1/2" x 11", front and back)

➤ PURPOSE

May be used to obtain verification if client * is receiving/has ** received benefits from another state.

➤ PREPARATION

Prepare in single copy. The worker must complete the top and middle portions by entering the appropriate information in the applicable spaces.

The bottom portion of the form is completed by the out of state * agency. **

➤ DISPOSITION

The use of this form is optional.

If the client has received benefits from another state, mail, * fax, or email ** this form to the out of state agency. Document * with a case note. **

File the completed form in * OnBase ** when it is received.