

 <p>Department of Children & Family Services <i>Building a Stronger Louisiana</i></p>	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 Forms Instructions (80-89)
	Document No./Name	OFS 087 Current, Past or Anticipated Wage Verification Letter (OFS 87)
	Effective Date	October 1, 2014

CURRENT VERSION OF FORM: * 10/14 REPLACING: 09/12 Issue Obsolete **

STOCKED: Copy as needed/On-Line Policy Management System. * Available in Document Generation System stocked section. **

UNIT OF ISSUE: N/A (8-1/2" x 11", 2-sided)

➤ PURPOSE

Use to verify the current, past or anticipated wages of recipients when the recipient cannot provide sufficient verification.

Use as a follow-up letter to the client notifying him that his employer has not responded to the inquiry regarding his employment.

➤ PREPARATION

Prepare in single copy. Enter the appropriate information in the blanks.

Enter a date (ten calendar days from the mailing date) by which the employer is to respond to the letter.

Request verification of income according to Chapter 4 policy at [B-660-FITAP/SNAP](#).

➤ DISPOSITION

Mail the original to the employer *** or give to the client to take to his employer. Record activities as a case note, including the date of receipt of the completed form.

File the completed form in section IV of the case record.