



Clyde L. Reese, III, Esq., Commissioner

Georgia Department of Human Services • Family & Children Services • Ron Scroggy, Director Two Peachtree Street, NW •
Suite 19-490 • Atlanta, GA 30303 • 404-651-8409 • 404-657-5105
of Human Services

SECURED VERIFICATION LETTER

Date: _____

Dear Sir/Madam:

This office is conducting a review of benefits received from the Georgia Department of Human Services by the individual listed below.

Name: _____ SSN: _____ DOB: _____

It is essential that we obtain a description of any financial records, securities or accounts held at your institution by the above individual. Please complete the information below and return that portion of this form in the enclosed return envelope.

If you have any questions, please contact this office at _____. Your prompt attention to this matter will be greatly appreciated.

Sincerely,

Name and Job Title

Please retain this portion for your records.

Please return this portion in the return envelope.

Name of Institution: _____
*Client Name: _____ *Client ID: _____
Account Number: _____ Type of Account: _____
Date Opened: _____ Starting Balance: _____
Current Balance: _____ Other Accounts: _____
Other Relevant Info: _____

Signature and Title of person completing this form

(*NOTE: These are the only items that can be filled in by the case worker)

Form no: 1215- (Revised: 2012)

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