**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Early Care and Education

**Post Office Address Information Request**

**WHY AM I RECEIVING THIS?** The State of Wisconsin, Department of Children and Families, or       needs you to verify the information requested on this form.

*Wisconsin Statutes s.49.001(9) and s. 49.143(5)(a) authorize the department and the local agency to request this information from any person that it determines appropriate and necessary for the administration of Wisconsin works.*

*This information will only be used for the administration of the program.*

**WHAT DO I NEED TO DO?** Complete and return this form within seven days of receipt.

**WHO DO I RETURN THE FORM TO?** Return the completed form by fax, email or mail.

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|  EMAIL – Scan and email to:       | MAIL to – Name:       |
|  |  |
|  FAX – Fax to:       | Department / County:       |
|  ATTENTION:       | Address:        |
|  | City, State, Zip Code:       |

If you have questions, contact       at      .

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| **IDENTIFYING INFORMATION** |
|  |
| Name – Individual: |       |
| Address reported to department (Street, City, State, Zip Code): |       |
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| **POST OFFICE REQUESTED INFORMATION** |
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| Check any boxes below that apply and fill in the corresponding information. |
| [ ]  Mail is delivered to the above address |
| Timeframe of residency at the above address: | FROM:       TO:       |
| [ ]  Individual not known at the above address |
| [ ]  Individual moved and left no forwarding address |
| [ ]  Address above is not valid |
| [ ]  Forwarding address is (Street, City, State, Zip Code):       |
| Dates person received mail at the forwarding address: | FROM:       TO:       |
| [ ]  Other – Specify: |       |
| [ ]  PO box holder’s mailing address: |       |
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|  |
| **PERSON COMPLETING FORM** |
| Name:       | Title:       |
| Telephone Number:       | Email:       |
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| **SIGNATURE** – Person Completing Form |  | Date Signed |  |