

Certification of Continued Absence

_____ FANF Applicant or Recipient's PRINTED Name

_____ Case #, if available

I understand that the deprivation of parental support and care is a condition of eligibility of Financial Assistance to Needy Families (FANF) cash assistance. I agree to immediately notify the District Office if any responsible parent returns to my home.

- I certify that the parent(s) named below currently has/have been absent from the home for 30 or more continuous days and the absence is expected to continue:

NAME OF ABSENT PARENT(S)	NAME OF ABSENT PARENT(S)

By selecting the statement below, I understand I will have to complete another Certification of Continued Absence once the parent(s) has/have been absent from the home for 30 or more continuous days, in order for benefits to be released to me.

- I certify that the parent(s) named below currently has/have been absent from the home for less than 30 continuous days but is/are expected to be absent for 30 or more continuous days:

NAME OF ABSENT PARENT(S)	ABSENT SINCE	NAME OF ABSENT PARENT(S)	ABSENT SINCE

_____ FANF Applicant or Recipient's Signature

_____ Date

Return to: Centralized Scanning Unit (CSU), P.O. Box 181, Concord, NH 03301