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To: Pennsylvania DPW
From: Attorney
Date:
Re: **Application for Cash Assistance, Medical Assistance, and Expedited Food Stamps**

Dear Madam/Sir:

Please accept this letter as verification of the identity of _____, who is applying for Cash Assistance, Medical Assistance, and Food Stamps. M_____. _____ lost his/her identification documents, and I am presently assisting him/her in obtaining them. **As you know, this letter is an acceptable collateral contact and can be used as verification of M_____. _____'s identity under the Food Stamp, Cash Assistance, and Medical Assistance Handbooks.**

M_____. _____'s date of birth is _____, _____.
His/Her Social Security number is _____ - _____ - _____. He/She is approximately _____ feet, _____ inches tall. He/She weighs _____ pounds, has _____ hair, and is _____ (White/African-American/Hispanic/Other).
He/She has _____ eyes, and does/does not wear glasses.

Should you have any questions, please feel free to contact me at any time. I can be reached at () _____ - _____.

Sincerely,

Attorney