

GEORGIA DEPARTMENT OF HUMAN SERVICES
Office of Inspector General
Benefits Recovery Unit
REQUEST FOR DISCLOSURE OF INFORMATION FORM

Submit your request to GA.LawEnforcement@dhs.ga.gov .

The release of recipient information for those persons participating in the Supplemental Nutrition and Assistance Program (SNAP) is governed by Title 7, Subtitle B, Chapter II, Subchapter C, Part 272.1 (c)(1) of the Code of Federal Regulations. If you believe your request will conform to the listed authorizations, complete and return this form. Your request will be processed within three business days.

Requesting Agency:		Representative:	
Mailing Address:		Title:	
		Contact Number:	E-mail Address:
SNAP Recipient Information		SNAP Household Member Information	
Last Name:	First Name:	Last Name:	First Name:
Aliases		Aliases	
Date of Birth:	Social Security Number:	Date of Birth:	Social Security Number:
Information Requested:			

Please select the statement below that best describes the purpose for which the recipient/household member information is being requested and provide responses to all requested information:

_____ **This investigation involves an alleged violation of the Food Stamp Act or regulation.** (Please clearly identify the violation being investigated, the person on whom the information is being requested, and your authority to investigate the violation.)

_____ **The recipient/household member identified on Page 1 is fleeing to avoid prosecution or custody for a crime or attempt to commit a crime classified as a felony.** (Please summarize the details of the crime and charge that support release of information based upon this provision including confirmation that the charge is classified as a felony. Attach or include arrest warrant information, if available.)

_____ **The recipient/household member identified on Page 1 has information necessary for the apprehension or investigation of another household member who is fleeing to avoid prosecution or custody for a felony or has violated a condition of probation or parole.** (Please summarize the details of the case and charge including confirmation that the charge against the fleeing household member is classified as a felony. Attach or include arrest warrant information, if available.)

_____ **Other.** (Please provide specify statutory and/or regulatory authority along with all relevant information and/or documentation supporting your request for release of information.)

AGENCY USE ONLY:

Based upon the information provided, OIG is unable to release the requested information.

Based upon the information provided, OIG is releasing the requested information.