

Section 8 / Part 28

Effective Date: April 26, 2005

Length of document: 1 page

Kansas residency verification

Use annually only for clients whose services are being provided out-of-state.

See Section 1 / Part 13.

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**Kansas Department of Social and Rehabilitation Services
Rehabilitation Services**

KANSAS RESIDENCY VERIFICATION

Client Name _____ SSN _____

Date _____

I certify that I continue to maintain my permanent Kansas residency at the following address:

If requested, I agree that I will promptly provide verification. Verification may include:

- A copy of my driver's license.
- A copy of my state/federal income tax forms.
- A copy of my vehicle registration.
- Other documentation to be identified by my Counselor.

Client signature _____ Date _____

Return this form to:

(insert Counselor name and address)