



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

SCHOOL CLOTHING ALLOWANCE

PAYEE CHANGE FORM

Store Management:

The (fiscal year) _____ School Clothing Allowance voucher(s) number being presented was/were issued in the name of (payee's name) _____.

Due to a change in payee or other unexpected circumstances, the individual above will not be redeeming the voucher(s) listed below.

Case Name: _____

Case Number: _____

Voucher Number(s): _____

The Division of Family Assistance (DFA) grants permission for the voucher(s) to be redeemed by _____.

A copy of this form must be attached to the voucher(s) when submitting for payment.

If you have questions or concerns, please contact the DFA at 558-8290.

Worker's Signature

Date