

# Addition to Household

Return Form To:  
**Safe at Home**  
 899 East 12<sup>th</sup> St.  
 PO Box 959  
 Des Moines, IA 50304

Participant Name	ID Number (required)
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Current Enrolled Dependents	Date of Birth	Relationship to Applicant

New Household Addition(s) Legal Name(s) <i>(First, Middle, Last)</i>	Date of Birth	Relationship to Applicant

*By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. Under the penalty of perjury and to the best of my knowledge, the information contained in this addition to household are true and correct.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_