

CLAIM OF SEXUAL ASSAULT OR INCEST

Case Name (*Last, First, M.I.*): _____ AZTECS No.: _____

Address (*No., Street*): _____

City: _____ State: _____ ZIP Code: _____

Mail Drop: _____ Worker's D-Number: _____ HEA ID: _____ Date: _____

I hereby state that my child(ren) was conceived as the result of sexual assault or incest. I understand that my claim will be referred to the Office of Special Investigations (OSI). I authorize the Department of Economic Security to investigate all allegations of sexual assault and incest by contacting any source necessary to establish my eligibility for assistance.

Victim's Name (*Last, First, M.I.*): _____ Date of Birth: _____

Name of Child Conceived as A Result of Sexual Assault (*Last, First, M.I.*): _____

Social Security No.: _____ Date of Birth: _____

Name of Child Conceived as A Result of Sexual Assault (*Last, First, M.I.*): _____

Social Security No.: _____ Date of Birth: _____

Name of Child Conceived as A Result of Sexual Assault (*Last, First, M.I.*): _____

Social Security No.: _____ Date of Birth: _____

KNOWN INFORMATION ON ALLEGED OFFENDER(S)

Name (*Last, First, M.I.*): _____

Social Security No.: _____ Date of Birth: _____ Phone No.: _____

Address (*No., Street*): _____

City: _____ State: _____ ZIP Code: _____

Name (*Last, First, M.I.*): _____

Social Security No.: _____ Date of Birth: _____ Phone No.: _____

Address (*No., Street*): _____

City: _____ State: _____ ZIP Code: _____

Please give approximate dates/description of alleged sexual assault or incest.

Has there been previous contact with the police in regard to this matter? Yes No
Provide supporting documentation, if available.

I certify that the information given above is true and correct to the best of my knowledge.

Client's Signature: _____ Date: _____

FOR AGENCY USE ONLY

Worker's D-Number: _____

**Completion Instructions for FAA-0260A
CLAIM OF SEXUAL ASSAULT OR INCEST**

A. Purpose.

To provide a method for the parent or non-parent relative to provide a statement that the child was conceived as a result of sexual abuse or incest.

B. Completion.

To be completed by the client and signed by the Eligibility Worker (EI).

C. Routing.

Original to be filed in case record, copy to OSI, and copy to the client.

D. Retention.

To be retained in the permanent section of the case record until the record is destroyed.

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