

## Certification for Warrants Lost, Destroyed, Stolen or Not Received

### Part I – Warrant Information *(Completed by HHS Staff)*

Employee Name	Employee No.	Area Code and Phone No.	Date
Owner Name	Treasury Warrant No.	Warrant Amount	Warrant Date
Owner's Mailing Address (Street, City, State, ZIP Code)			

### Part II – Certification Statement *(Completed by TANF Recipient)*

I certify I am the true owner, or the authorized representative for the owner, of the Treasury warrant described above. The information I give on this form is true and correct to the best of my knowledge and belief. I understand that I may be guilty of a criminal offense by falsifying this certificate to obtain money to which I am not entitled.

I certify the Treasury warrant described above was:  lost.  destroyed.  stolen.  not received.

I understand that a stop payment and cancellation will take place on this warrant upon receipt of this certification by Texas Health and Human Services (HHS). If I receive this warrant after completing this certification, I will immediately return the warrant to the local HHS office or to the address shown below\*.

\_\_\_\_\_ Signature — Owner

\_\_\_\_\_ Date

\_\_\_\_\_ Print Name *(if authorized representative for owner)*

HHS eligibility staff approves reissuance?  Yes  No

**Fax certification form to Accounting Operations:**  
512-487-3400

**For questions call Accounting Operations:**  
512-487-3435

\*Texas Health and Human Services  
P. O. Box 13247  
Mail Code 3500  
Austin, Texas 78711