



This form is for someone who would like to request a change to their assigned officer from the Department of Financial Assistance. Where a request for a change of assigned officer is requested, it is not guaranteed that a change will be made. The recipient of financial assistance must provide a rationale and examples of why they are aggrieved with their assigned officer. A change will result in a change of assigned officer for everyone in the household.

FAS ID

Name of Household Member

First Name Middle Name Last Name

Date of Birth of Household Member dd/mm/yyyy

Physical Address of Household Member

House# Street Name

Apt# Bldg Name Neighbourhood

Select your District Bodden Town West Bay East End George Town
 North Side Cayman Brac Little Cayman

Name of DFA Assigned Officer

For households with more than one adult, are all household members in agreement with this change? Yes No

Please provide a rationale and supporting examples for why you are requesting a change of your assigned officer:

I, _____ (household member), confirm that the information provided above is accurate and truthful to the best of my knowledge.

Signature

Date

If this form is being completed by the authorized representative for the applicant/recipient, the below needs to be completed.

I, _____ (representative), confirm that the information provided above is accurate and truthful to the best of my knowledge.

Signature

Date

Thank you for completing this form. This form can be submitted online by visiting dfa.gov.ky or via email to dfainfo@gov.ky.

For Internal DFA Use Only:

Approved: Yes No

Name of Manager

Signature

Date

Comments (if any):