Department of
Social Services

Human Resources Administration
Department of Homeless Services

Office of
Program Accountability

INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION

Issued:
September 19, 2019

INFORMATIONAL 2019-05-IREA

Form Instructions: IREA-155 Address Information Request

Audience	Bureau of Fraud Investigation (BFI) and Supplemental Needs Trust (SNT).
Background	The BFI-31 Address Information Request Form is used to verify the address given by a client with the United States Post Office. The form requests that the Post Office confirm the address given or provide an updated mailing address for the client. Additionally, the form requests that if the address is a post office box, the Post Office provide the street address as recorded on the client's box holder application form.
Process	The new IREA-155 Address Information Request (Attachment 1) replaces the BFI-31 and will be utilized by the Bureau of Fraud Investigation (BFI) and Supplemental Needs Trust (SNT). **The BFI-31 is now obsolete.**

Attachment 1

NYC

**Department of
Social Services**
Human Resources Administration
Department of Homeless Services

Office of
Program Accountability

INVESTIGATON, REVENUE AND ENFORCEMENT ADMINISTRATION
[Select Program]
[Select Address]
[Select City, State, Zip]

To Postmaster: Agency Case No. _____
                           Date: _____

ADDRESS INFORMATION REQUEST

Please furnish the [Select Program] with the new address, if available, for the following individual or verify whether or not the address given below is the one at which mail for this individual is currently being delivered. If the following address is a post office box, please furnish the street address as recorded on the box holder's application form:

    Name: _____

    Last Known Address: _____

                                _____

I certify that the address information for this individual is required for the performance of this Agency's official duties.

_____
Division Director

FOR POST OFFICE USE ONLY

☐ MAIL IS DELIVERED TO ADDRESS GIVEN   NEW ADDRESS

☐ NOT KNOWN AT ADDRESS GIVEN

☐ MOVED, LEFT NO FORWARDING ADDRESS
                                     BOX HOLDER'S STREET ADDRESS

☐ NO SUCH ADDRESS

☐ (OTHER SPECIFY) _____

                                     Postmark/Date Stamp

Agency Return Address

[Select Program]
[Select Address]
[Select City, State, Zip]

Attention:
   Investigator: _____