# DAIM NTAWV UA POV THAWJ/TSO CAI RAU KEV PAUV (DFA 303)

**Cov Lus Qhia:** Nyob rau nqe A kos txhua lub thawv uas hais qhov yog txog koj, xa daim ntawv no rov qab li ntawm 10 hnub tom qab koj qhia tias tau xiam lawm tsis li yuav pauv tsis tau.

## NQE A - COV NTAWV UA POV THAWJ

Kuv, _____,
lees yam paub tias tsev neeg:

☐ Daim yuaj uas yog Cov Nyiaj Uas Xa Rau Hauv Daim Yuaj (Electronic Benefits Transfer [EBT]) tsis tau txais rau ntawm qhov chaw nyob uas sau nram qab no thiab ib tug neeg uas tsis tau cai rho cov nyiaj lawm:

| Chaw Nyob Xa Ntawv (Naj Npawb, Txoj Kev, P.O. Box) | | |
|---|---|---|
| Nroog | Xeev | Naj Npawb Cheeb Tsam |
| Koj lub Tsev Chaw Nyob (Yog Txawv) (Naj Npawb, Txoj Kev) | | |
| Nroog | Xeev | Naj Npawb Cheeb Tsam |

☐ Tau qhia rau lub nras los sis hu xov tooj rau qhov chaw pab EBT thiab qhia rau lub nras tias daim yuaj EBT raug xiam/nyiag lawm, los sis qhov chaw pab EBT tsis tau muab daim yuaj EBT kaw thiab ib tug neeg uas tsis tau cai tau rho nyiaj lawm.

Hais qhia thaum lub _____ thaum _____
HNUB TIM SIJ HAWM

rau _____

☐ Cov khoom noj khoom haus muaj teeb meem los yog puas tsuaj tag. Muaj xwm txheej dab tsi thiab thaum twg muaj li ntawd:

_____
_____
_____
_____
_____
_____

Kuv lees yam paub hais tias qhov uas tau hais saud muaj tseeb thiab yog raws li kuv paub. Kuv kuj paub tias yog kuv qhia tej yam tsis yog los sis tsis qhia tag nrho, kuv yuav tsis tsim nyog txais Nyiaj Muas Noj, yuav tau them, yuav raug kaw hauv lub tsev loj cuj, los sis peb qho tib si.

| XEE NPE NTAWM TUS NEEG UAS PAUB TAB HAUV TSEV NEEG LOS SIS TUS NEEG TAU KEV TSO CAI LOS SAWV CEV (TUS UAS TAU KEV PAUV) ☛ | HNUB TIM |
|---|---|

## LUB NRAS SIV XWB

Case Name:
Case Number:
Worker:
Date DFA 303 Received:

## PART B - REPLACEMENT BENEFITS

☐ APPROVED - EBT Replacement Date _____

☐ EBT: Authorized Replacement Amount $ _____

☐ DENIED - Reason for Denial (Explain)

_____
_____
_____
_____

| SIGNATURE (PERSON AUTHORIZING OR DENYING REQUEST) | DATE |
|---|---|
| | |

## PART C - ACKNOWLEDGEMENT OF RECEIPT (OVER THE COUNTER)

| RECEIVED BY: | DATE |
|---|---|
| | |

**Cov Cai:** Tej zaum siv cov cai no thiab koj soj ntsuam cov cai no tau tom lub laj fai pab nyiaj tsoom fwv rau cov neeg txom nyem MMP 16-515.