

Auto ID No.:  
Source :  
Issued by : ACL 14-88  
Reg Cite : 40-105.2, 40-107(a) (I), 40-157.2,  
40-157.3, 40-171.221(j), 40-181.4,  
44-317, 45-201, 82-832.24

Use Form No. : NA 200  
Original Date : 07-01-95  
Revision Date : 11-01-14

MESSAGE:

從\_\_\_\_\_開始，郡政府已批准你家庭一些  
成員的現金補助和 Medi-Cal。本月份你的現金  
補助款項為\$\_\_\_\_\_。

郡政府已拒絕\_\_\_\_\_的現金補助。

理由如下:

規例說明你必須給我們你家庭每一個成員的社會安  
全號碼 (SSN)。你沒有給我們此人的 SSN 或證明一  
個 SSN 申請已經完成，而且你沒有向郡政府尋求幫  
助獲取這個證明。

你的補助金額計算在此頁。

INSTRUCTIONS: Use this notice of action to approve cash aid for some members of the assistance unit (AU) and to deny cash aid for the members who have not provided an SSN or proof of a SSN application. In the first blank space fill in the date cash aid was approved for some members of the AU. In the second blank space fill in the amount of cash aid for the current month. In the third blank space fill in the name of the person who has been denied cash aid.

This message replaces M40-105A dated 10-01-95.

(Chinese)