

HLOOV DAIM NTAWV POV THAWJ/TSO CAI (CF 303)

Lus qhia: Hauv Qhov A khij lub thawj twg uas yog rau koj, kos npe thiab xa rov qab daim ntawv no li ntawm 10 hnuv los ntawm koj cov ntawv qhia cov poob los yog tsis muaj dab tsi hloov ua tau ua.

QHOV A - TSEV NEEG POV THAWJ

I, _____, lees tias tsev neeg:

- Electronic Benefits Transfer (EBT) daim card tsis tau txais los ntawm qhov chaw nyob hauv qab thiab cov nyiaj tau siv los ntawm ib tug neeg tsis muaj kev tso cai:

Chaw Nyob (Naj npawb, Txoj ke, P.O. Box)		
Zos	Xeev	Ziv Khauj
Chaw Nyob(Yog tias txawv) (Naj npawb, Txoj ke)		
Zos	Xeev	Ziv Khauj

- EBT card tau tshaj tawm tias ploj lawm/nyiag rau lub zos los yog mus rau EBT xov tooj thiab lub zos, los yog tus EBT xov tooj tsis tau khij tawm daim EBT card thiab cov nyiaj tau siv los ntawm ib tug neeg tsis muaj kev tso cai.

Tshaj tawm ntawm _____ ntawm _____
LUB HNUB TIM TIME

rau _____

- Zaub mov puas los ntawm tsev neeg hmoov phem los yog kev kev puas tsuaj. Ua li cas thiab thaum twg:

Kuv lees tias cov nyob saud toj muaj tseeb thiab yog rau qhov kuv paub txog. Kuv kuj to taub tias yog kuv muaj tej yam tsis yog los yog tsis tiav kuv tej zaum yuav raug rho tawm ntawm CalFresh kev Pab Cuam, nqe nplua, raug kaw, los yog tag nrho peb yam no.

KOS NPE LOS NTAWM TUS SAWV CEV HAUV TSEV NEEG LOS YOG LWM TUS SAWV CEV(LEEJ TWG TAU KEV HLOOV)	LUB HNUB TIM
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COUNTY USE ONLY (NROOG SIV XWB)

Case Name:
Case Number:
Worker:
Date CF 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
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PART C - ACKNOWLEDGEMENT OF RECEIPT (OVER THE COUNTER)

RECEIVED BY:	DATE
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Txoj Cai: Cov cai no tej zaum yuav siv tau thiab koj kuj saib tau los ntawm koj li kev pab cuam chaw ua hauj lwm MPP 16-515.