TIUV SIANG-NYUNGC ZEIV SOU/CUOTV HNYOUV NQOI NZUIH BUN (CF 303)

Njaaux zoux yietc nyeic: yiem A wuov kang bun zaah dimv mangc haaix norm sou-faang puix horpc zuqc meih nyei jauv, njiec mbuoz liuz aengx caux fungz naaiv zeiv sou-form daaux nqaang nzuonx bun yiem 10 hnoi ga'nyuoz yiem meih nyei box tong sou laaih zitc wuov a'fai maiv duqv tiuv goiv yienc siang hnoi.Instructions:

A WUOV BAAN – JAA-DINGH NYEI NYUNGC ZEIV SOU-GORN

Yie, _____,
duqv box tong waac gorngv horpc jaa-dingh:

☐ Fungz fu'loqc nyaanh gan douz daaih heuc (EBT) sou-fangx sei maiv duqv zipv fienx yiem naaiv zipv fienx dorngx fiev yiem ga'ndiev wuov aengx caux maiv hiuv haaix dauh mienh nimc nyaanh dorh mingh zoux saeng-eiz mi'aqc:

Fungz fienx buon-deic dorngx (mengh hoc nam mber, cie-jauv, P.O Box)

_____

Mung-mbuoz Nquenc Zipv kotv

_____

Biauv buon-deic dorngx yiem (Se gorngv beiv taux mv fih hnangv doic)
(Mengh hoc nam mber, cie-jauv)

_____

Mung-mbuoz Nquenc Zipv kotv

_____

☐ Maaih sou-fienx daaih box bun taux ninh mbuo kaau div a'fai EBT hortv laaih gorngv EBT sou-fangx laaih zitc/zuqc jan-zaqc nimc mi'aqc a'fai EBT hortv laaih dingh wuaaic maiv haih siou EBT sou-fangx nzuonz aengx caux fu'loqc nyaanh yaac maiv hiuv zuqc haaix dauh jan-zaqc mienh nimc cuotv mingh zoux saeng-eiz.

Box tong sou yiem naaiv norm _____ yiem _____
HNOI ZIANGH HOC

ming taux _____

☐ Maiv maaih fing-sokv ca'bouc zoux zuqc horpc jaa-dingh nyei lai hnaangz wuaaic a'fai wuaaic camv. Haaix nyungc:

_____

_____

_____

_____

_____

_____

Yie mbuox box tong yiem gu'nguaaic deix waac nor sei benx zien-waac aengx caux yietc zungv zuqc nzengc yiem yie nyei hnyouv zoih cuotv daaih. Yie bieqc hnyouv longx gorngv yie bun jaa-waac maiv zuqc nzengc a'fai gorngv waa-jaav zorpc jienv nor haih zoux bun yie maiv maaih ze'buonc pui-zipv longc CalFresh gong-bou nyaanh, zuqc baatc, njiec zuiz bieqc loh a'fai yietc zungv 3 nyungc zuiz.

NJIEC MBUOZ GOUX HORPC JAA ZIOUV HMUANG-DOIC A'FAI MINGH DIV ZIOU-JAA (HAAIX DAUH MIENH MINGH DIV ZIOU-JAA) ☛	HNOI

COUNTY USE ONLY (KUNGX LIOUH BUN KAAU DIV LONGC)

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

PART C - ACKNOWLEDGEMENT OF RECEIPT (OVER THE COUNTER)

RECEIVED BY:	DATE

Lei-nyeic: Naaiv deix lei-nyeic yaac zuqc longc aengx caux meih zuqc paan-pei mangc nzuonx nqaang yiem meih nyei tengx goux taan lai hnaangz dorngx MPP 16-515.