

CALFRESH REQUEST FOR INFORMATION

COUNTY OF

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Notice Date :

Case Name :

Case Number :

Worker Name :

Worker Number :

Telephone Number :

Address :

Questions? Ask your worker.

In order to determine your eligibility for CalFresh benefits, we need the following information from you by

_____.
MM/DD/CCYY

Please tell your worker if you need help getting this information. Your worker can help you get it.

Please:

- Call us to give us this information
- Mail this information to us

If you do not give us this information by _____, you may get a notice of action to stop your CalFresh benefits.
MM/DD/CCYY

RULES: These rules apply: MPP 63-300.5. You may review them at your welfare office.