

**CALFRESH GONG BOU BUN GUNV ZIUX GOUX JIENV SIC ZOQC
ZANV NYAANH SOU-GORN NYEI BUATC LONGX SOU B WUOV HOC**

SIC DAUH GONG-BOU MBUOZ	SIC DAUH GONG-BOU NAM MBER
KAAU DIV GONG MIENH NYEI MBUOZ	GONG-MIENH NYEI NAM MBER

Meih zuqc fiev waa-fienx njiec yiem ga'ndiev wuov dongh meih jiex gorn longc gunv ziux goux nyaanh sou-daan. Njiec mbuoz, hnoi nyieqc aengx caux dorh naaiv buonv zien sou-kuv daan mingh bun taux ninh mbuo kaa div gong-mienh tengx beiv zaah dimv mangc sou-daan.

NYAANH SOU-DAAN ZIOUV NJIEC MBUOZ YIEM SOU-BUONV DAAN

NYAANH LAMZ MBUOZ AENGX CAUX BUON-DEIC DORNGX YIEM	NYAANH SOU-BUONV DAAN NAM MBER	IH ZANC NYAANH ZENGX NJIEC
NJIEC MBUO-LIUC A'FAI MBIUV LONGC BENX HORPC JAA ZIOUV A'FAI BUN DAAIH DIV NYEI MIENH		HNOI NYIEQC

County Use Section (Ninh mbuo kaa div longc nyei buonc)

I certify that the household member or authorized representative signing this form has been given a copy of the Restricted Account Coversheet and this Agreement. The individual has stated he/she understands the rules and the responsibilities for starting, keeping, and ending a Restricted Account(s).

SIGNATURE OF COUNTY WORKER	WORKER NUMBER	DATE
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