REQUEST FOR INFORMATION

If you have any questions or want more information, please contact your worker.

Case Name :
Case Number :
District :
Worker :
Phone :
Date of Notice :

IN ORDER TO DETERMINE YOUR CONTINUED ELIGIBILITY FOR FOOD STAMP BENEFITS, WE NEED THE FOLLOWING INFORMATION FROM YOU BY _____:

PLEASE:

☐ CALL US TO GIVE US THIS INFORMATION

☐ MAIL THIS INFORMATION TO US

IF YOU DO NOT GIVE US THIS INFORMATION BY THE ABOVE DATE, YOU WILL GET A NOTICE OF ACTION TO STOP YOUR FOOD STAMP BENEFITS.

RULES: These rules apply: MPP 63-300.5

You may review them at your welfare office