

**CALFRESH KEV PAB CUAM TXWV AS KHAUJ COG LUS QHOV B**

LUB NPE NTAWM COV NTAUB NTAWV UA TXAIS KEV PAB	TUS LEJ TUAV COV NTAUB NTAWV
LUB NROOG TUS NEEG UA HAUJ LWM LUB NPE	TUS NEEG UA HAUJ LWM TUS XOY TOOJ

**Koj yuav tsum ua cov ntaub ntawv hauv qab no thaum koj pib koj tus As Khaui Nruj. Kos npe, hnuv tim, thiab muab qhov tiag ntawm daim ntawv Cog Lus rau lub nroog nrog pov thawj ntawm tus as khaui.**

AS KHAUJ TUAV LUB NPE NTAWM TUS AS KHAUJ

NPE THIAB CHAW NYOB NTAWM LUB TUAM TXHAB TUAV NYIAJ	AS KHAUJ NAJ NPAWB	TUS NQES TAM SIM NO
KOS NPE LOS LOS NTAWM TUS LOJ NTAWM TSEV NEEG LOS YOG IB TUG TSO CAI SAWV CEV		LUB HNUV TIM

**County Use Section (Lub Nroog Theem)**

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
----------------------------	---------------	------