

Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Worker ID: _____
Worker Phone Number: _____
Customer ID: _____

TEST
USE

Dear _____

Re: _____

We have received information from the California Department of Social Services that show benefits paid to a Social Security Number that is connected to your aid for:

☐ CalWORKs ☐ General Relief/CAPI ☐ CalFresh ☐ Medi-Cal

The benefits checked below were reported to be received by you or another individual on your case:

☐ Retirement, Survivors, Disability Insurance (RSDI)
☐ Unemployment Insurance (UI)
☐ Disability Insurance (DI)

The information we received is considered to be verified upon receipt because the information comes directly from the benefit issuing agencies. Therefore, it will be used to determine your ongoing benefit levels. It will also be used to determine if there was an overpayment/overissuance on your case.

If this information is **incorrect**, please contact your Eligibility Worker at the telephone number above by _____ to resolve the discrepancy in the information reported. Failure to resolve the discrepancy may result in your aid being reduced/denied/terminated.

DO NOT
DISTRIBUTE

CONFIDENTIAL