COUNTY OF

STATE OF CALIFORNIA

NOTICE DATE:
CASE NAME:
CASE NUMBER:
WORKER NAME:
WORKER ID:
TELEPHONE NUMBER:

NOTICE OF DENIAL OR PENDING STATUS

Questions? Ask your worker.

Your household's application for CalFresh benefits **has been denied** because:

The following individual(s) are ineligible because:

<PersonList>

Here's why:

That (those) person(s) is (are) receiving CalFresh in another County or household.
A person cannot be certified for CalFresh in more than one County or household in any month.

If your household's application for CalFresh benefits was denied, please note that your CalFresh eligibility may change if all household members begin receiving Supplemental Security Income (SSI) benefits. Contact your county if all members of the household begin receiving SSI benefits.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Rules: These rules apply; you may review them at your welfare office: MPP §§63-300, 63-401, 63-402, 63-503