

NOTICE DATE:
CASE NAME:
CASE NUMBER:
WORKER NAME:
WORKER ID:
TELEPHONE NUMBER:**NOTICE OF DENIAL OR
PENDING STATUS**

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

The following person(s) has(have) used their 3 Countable Months without meeting the Able-Bodied Adults Without Dependents (ABAWDs) Work requirement. ABAWDs who are not working or excused from the work requirement can only get CalFresh for 3 months between <Begin Date of ABAWD 36 timeclock> to <End Date of ABAWD 36 timeclock>.

<Person>

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.

Rules: These rules apply; you may review them at your welfare office:
Title 7 CFR 273.24(b) and MPP 63.410.4

Questions? Ask your worker.

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.