

NOTICE DATE:
CASE NAME:
CASE NUMBER:
WORKER NAME:
WORKER ID:
TELEPHONE NUMBER:**NOTICE OF APPROVAL FOR
CALFRESH BENEFITS**

YOUR APPLICATION FOR CALFRESH BENEFITS HAS BEEN APPROVED. Your initial amount of benefits is: <BenefitAmount> for <ApplicationMonth>. Your benefit amount per month for the rest of your certification period will be <SecondMonthBenefitAmount> from <NextMonthOfEligibility> through <CertificationEndDate>.

The following individual(s) are ineligible because:

<Person>

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>.

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.

For CalFresh, your family size is {AssistanceUnitSize}. Your IRT is {CurrentIrtLimit}. Your CalFresh household may be eligible to a State Utility Assistance Subsidy (SUAS) payment. If eligible, the county will award you a \$20.01 SUAS cash payment. This is a one-time per year payment and if eligible it will be put into your cash Electronic Benefit Transfer (EBT) account. If you do not have a cash EBT account, one will be set up for you on your CalFresh EBT card. You will not have to do anything to get a new card, but you can use it to cover expenses not otherwise covered by CalFresh. This payment allows the county to use the highest utility deduction (Standard Utility Allowance - SUA) for food benefits. You may use this \$20.01 when you use your EBT card. If you want to know more, please contact your local county office.

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