CALFRESH REQUEST FOR INFORMATION

| | | COUNTY OF | | | |
|---|-------------------|---|--------------------|--------------|---------|
| • | • | Notice Date Case Name Case Number Worker Name Worker Number Telephone Number Address Questions? Ask | : | | |
| In order to determine your eligibility for Call MM/DD/CCYY | | we need the fo | ollowing informa | tion from y | ou by |
| Please tell your worker if you need help getting this | s information. Yo | ur worker can hel | p you get it. | | |
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| Please: ☐ Call us to give us this information ☐ Mail this information to us | | | | | |
| If you do not give us this information by benefits. | IM/DD/CCYY | you may get a no | otice of action to | stop your Ca | ılFresh |

RULES: These rules apply: MPP 63-300.5. You may review them at your welfare office.