## **CONFIDENTIAL MEMO**

To:	, General Assistance Administrator	
From:		, General Assistance Administrator
Date:		
	General Assistance Client Now Residing in Your Municipality	
	s to notify your office that the following indiv	
	Adults dob	ss#
	dob	ss#
	Children	
	dob	Father
Client	's address in your municipality	
The cl	nsibility until maximum assistance has been is	is the municipality of sued for the 30-day period of
Currer	nt status with this office is : Eligible Ir	eligible
Reaso	n:	
In the	event that you have need of additional inform	ation please contact me at ng the hours of