

INFORMATION/VERIFICATION NEEDED

Notice Date: _____

Case Name: _____

Case Number: _____

Worker Name: _____

Worker Number: _____

Telephone Number: _____

Worker Hours: _____

Address: _____

We recently received information about a change in your household. We need your help to figure out if this change will affect your benefits. We want you to have all the benefits for which you qualify. You will get a notice if this lowers or ends your benefits.

- You reported a change that could increase your benefits for the next month. To be sure your next benefits are right, please return the items listed below to us by _____. Please let us know before this date, if you need more time to return these items. If the listed items are received after this date, any increase in benefits will be delayed. If you need help getting any of these items, you can contact your county CalFresh office.