

FOOD ASSISTANCE EXAMPLE

Manhattan DCF Office
2709 Amherst
Manhattan, KS 66502



Notice Date: 10/26/2023

Program: Food Assistance

DCF has completed your Food Assistance review.

DCF has completed the review of your 12 month report and you will receive food assistance benefits in the amount of \$291.00 for the remainder of your review period. If your household situation changes, this amount may change. We will tell you if this amount changes. We will also tell you when it is time to reapply.

You remain eligible for the months of 11/2023 through 10/31/2024.

We are changing your Food Assistance benefits effective 11/01/2023 for the following individuals:

Your benefit amount is \$291.00 effective 11/2023.

You will continue to get this amount until we tell you otherwise. If your household situation changes, this amount may change. We will tell you if this amount changes. We will also tell you when it is time to reapply.

This change has occurred because:

This change occurred because your income and/or allowable expenses changed.

will continue to receive Food Assistance benefits.

This action is based on the Kansas Economic and Employment Services Manual.

Your household is categorically eligible for food assistance.

- If you or anyone in your household wins a lottery or gaming prize in a single game that is \$4,250.00 or greater (before taxes or other amounts are withheld) you must contact us within 10 days of the end of the month in which the household received the winnings
- You are not required to report any changes in your circumstances until the time of your next review, or interim report if you are required to complete an interim report form. Even though you are not required to report changes, you WILL want to report any changes that may increase your benefits, such as someone moves into your home, your household's income decreases, or your rent or mortgage increases.
- You must complete a report form 12 months after your case is approved or reviewed. On the form you must report your current income, your expenses, and list anyone who has moved in or out of your home. You must also provide proof of your income. We will send you the form when it is time for you to complete it.

FOOD ASSISTANCE EXAMPLE

COUNTY OF SAN DIEGO

Date: 02/10/2024

VERIFICATION OF BENEFITS



Physical Address:

Home Phone Number:

Monthly Benefits										
Month/Year	CalWORKs	GA/GR	RCA	CAPI	Cash Aid Assistance Unit Size	CalFresh	CF Household Size	MC	CMSP	MC Household Size
02/2023						361.00	3	Y	N	3
03/2023						361.00	3	Y	N	3
04/2023						740.00	3	Y	N	3
05/2023						740.00	3	Y	N	3
06/2023						199.00	4	Y	N	3
07/2023						939.00	4	Y	N	4
08/2023						939.00	4	Y	N	4
09/2023						939.00	4	Y	N	4
10/2023						973.00	4	Y	N	4
11/2023						973.00	4	Y	N	4
12/2023						154.00	4	Y	N	4
01/2024						154.00	4	Y	N	4
02/2024						154.00	4	Y	N	4

HEADSTART EXAMPLE



Greater Phoenix Urban League Head Start

Date: 02/01/2024

RE: [REDACTED]

Dear [REDACTED]

This letter is to verify that [REDACTED] is enrolled in our Head Start Program at [REDACTED] for the school year 2023-2024. Enrollment start date: 01/23/2023. End date 05/16/2024.

Please contact me directly if you have any questions or concerns.

Sincerely,

Head Start Director

SAMPLE

HOUSING EXAMPLE



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
HOUSING AND COMMUNITY DEVELOPMENT SERVICES

NOTICE OF CHANGE IN HOUSING ASSISTANCE PAYMENT - TENANT



October 24, 2023



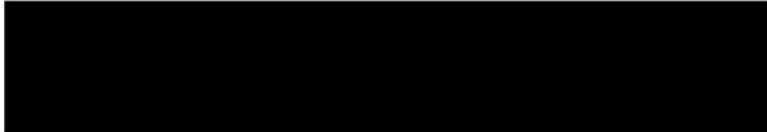
Due to an interim recertification of participant's eligibility, the Rental Assistance Contract is amended as follows:

"RENT"

Amount of Housing Assistance Payment	\$ 3,373.00
Amount of Tenant Rent	\$ 322.00
Amount of Contract Rent	\$ 3,695.00

THIS CHANGE BECOMES EFFECTIVE: November 01, 2023

FAMILY MEMBERS ON LEASE: *List all family members including head of household*



ALL OTHER COVENANTS, TERMS AND CONDITIONS OF THE LEASE AGREEMENT AND HOUSING ASSISTANCE PAYMENTS CONTRACT REMAIN THE SAME.

Please keep this notice with your important papers.

In accordance with CFR 982.555, if tenant's portion of rent increases as a result of this amendment and tenant feels such increase is unjustified or improper, tenant may request an informal HEARING. Such request must be submitted in writing and received in the office of the Housing Authority of the County of San Diego within fourteen (14) calendar days from date of this notice.

Housing Representative:

LIHEAP EXAMPLE

Wichita DCF Office
2601 S OLIVER ST
WICHITA, KS 67210-1205



Notice Date: 01/22/2024

Case Name: [REDACTED]

Case Number: [REDACTED]

Program: LIEAP

We have approved your application for the Low Income Energy Assistance Program (LIEAP) for the 2024 LIEAP Season.

You will receive a one-time payment of \$403.00.

We will split your benefit between the two vendors as you asked.

We will send two payments directly to the following vendors:

\$201.50 to ONE GAS INCKANSAS GAS SERVICE and

\$201.50 to EVERGY KANSAS CENTRAL INC

Please allow a minimum of 2 billing cycle(s) for the vendor to apply the payments to your account.

If the above information is not correct, please call your regional LIEAP office at (888) 369-4777 to resolve the issue.

You must continue to pay your current utility costs. This will ensure continued services and protect your credit.

This action is based on the Kansas Economic and Employment Services Manual.

Comments:

[REDACTED]

PO Box 3599
Topeka, KS 66601-9738

MEDICAID EXAMPLE



0010001822.1 002815

Notice Date: 12/16/2023

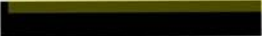


Program: Medical



00001

We are changing your Medical Assistance coverage or benefits effective 02/01/2024 for the following individuals:



Medical assistance for [REDACTED] is changing. Social Security benefits have changed. If you or a member of your household gets Social Security benefits, we have used your new Social Security amount to determine your eligibility and share of cost / premium.

The Medicaid ID number is: [REDACTED]

There has been a change in KanCare medical assistance for [REDACTED] as of 02/01/2024.

This action is based on Kansas Economic and Employment Services Manual section(s) 2610; 6200; 7500; 2662 and subsections.

All persons eligible for Medical Assistance must be reviewed periodically. Your program's next review will be due 03/2024. If we require additional information from your household to complete your review, you will receive a notification before it is due. Failing to complete the review in a timely manner may result in loss of coverage.

If you have any other insurance, you must use that insurance before KanCare will pay any medical bills.

*****IMPORTANT INFORMATION*****

If you receive other income, such as Veteran's Benefits (VA), Railroad Retirement or other pension benefits, report any change(s) to us.

If you have other health insurance through Blue Cross/Blue Shield or another carrier, report any changes in your premium to us.

Remember to report these changes within 10 days!

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

We provide interpreter services at no cost.



ARIZONA DEPARTMENT OF ECONOMIC SECURITY (DES)
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM(AHCCCS)

CUSTOMER:	DATE:	HEAPLUS PERSON ID:	APPLICATION ID:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



OTHER IDS USED BY AHCCCS OR DES



if you have any questions or need help.

MEDICAID EXAMPLE

Medical Assistance Renewal

Dear [REDACTED]

We have renewed Medical Assistance for persons in your household. We used the information on the attached Medical Assistance Renewal Summary to make this decision. This includes information you gave us previously and current information from federal and state electronic sources.

If the information on the summary is correct, you **do not** need to do anything. You do not need to call or contact us.

If the information on the summary is not correct, you must report the changes to us. To learn how to report changes, please read the This is What You Need To Do section of this letter. If you report any changes, you may be sent a request for information regarding the reported changes.

You may receive a separate letter if other persons in your household get Medical Assistance, but we did not make a decision for them in this letter. If you get Cash Assistance or Nutrition Assistance, you may get a separate letter for those benefits.



MEDICAL ASSISTANCE CATEGORY CHANGE: You will get AHCCCS Medical Assistance under the Transitional Medical Assistance (TMA) program:

- [REDACTED] beginning 01/01/2024 and ending 06/30/2024.

Because your countable income is more than the maximum allowable limit for this program

PAYSTUB EXAMPLE

EXAMPLE COMPANY INFORMATION
EMPLOYEE DATA

TAX DATA		
	Federal	AZ State
Marital Status	H-of-H	N/A
Allowances	N/A	3.0%
Addtl Amt		
Dependent Amt	0.00	
Other Income	0.00	
Deductions	0.00	

ADVICE	
Business Unit:	126
Advice #:	2018861
Pay Date:	01/18/2024
Pay Group:	
Pay Period Begin:	01/07/2024
Pay Period End:	01/13/2024

Description	Pay Rate	Current Hours	Current Amt	YTD Hours	YTD Amt
EARNINGS					
Regular Pay	20.000000	32.00	640.00	96.00	1,920.00
Sick Pay	20.000000	8.00	160.00	8.00	160.00
Overtime Pay			0.00	0.33	9.90
Total Earnings:		40.00	800.00	104.33	2,089.90

TAXABLE GROUP TERM LIFE

TAX DEDUCTIONS			
Fed Withholding			85.26
Fed MED/EE			30.30
Fed OASDI/EE			129.57
AZ Withholding			62.70
Total Tax Deductions:		124.30	307.83

PRE-TAX DEDUCTIONS			
Total Pre-Tax Deductions:		0.00	0.00

AFTER-TAX DEDUCTIONS			
Total After-Tax Deductions:		0.00	0.00

EMPLOYER PAID BENEFITS

PAY STATEMENT SUMMARY										
	TOTAL GROSS	PRE-TAX DED	AFTER-TAX DED	FEDERAL TAXABLE WAGES	SOCIAL SECURITY TAXABLE WAGES	MEDICARE TAXABLE WAGES	STATE TAXABLE WAGES	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current:	800.00	0.00	0.00	800.00	800.00	800.00	800.00	124.30	0.00	675.70
YTD:	2,089.90	0.00	0.00	2,089.90	2,089.90	2,089.90	2,089.90	307.83	0.00	1,782.07

LEAVE BALANCE							
Description	Start Balance	Earned	Taken	Adjusted	End Balance		
Sick	7.11	2.68	8.00	0.0	1.79		

PAY DISTRIBUTION

DIRECT DEPOSIT INFORMATION		
ACCOUNT TYPE	ACCOUNT NUMBER	DEPOSIT AMOUNT
Checking	*****7340	\$675.70

MESSAGES

PAYSTUB EXAMPLE

EXAMPLE COMPANY INFORMATION
EMPLOYEE DATA

TAX DATA		
	Federal	AZ State
Marital Status	H-of-H	N/A
Allowances	N/A	3.0%
Addtl Amt		
Dependent Amt	0.00	
Other Income	0.00	
Deductions	0.00	

ADVICE	
Business Unit:	126
Advice #:	2032055
Pay Date:	01/25/2024
Pay Group:	
Pay Period Begin:	01/14/2024
Pay Period End:	01/20/2024

Description	Pay Rate	Current Hours	Current Amt	YTD Hours	YTD Amt					
EARNINGS										
Regular Pay	20.000000	38.50	770.00	134.50	2,690.00					
Overtime Pay			0.00	0.33	9.90					
Sick Pay			0.00	8.00	160.00					
Total Earnings:		38.50	770.00	142.83	2,859.90					
TAXABLE GROUP TERM LIFE										
TAX DEDUCTIONS										
Fed Withholding			35.50		120.76					
Fed MED/EE			11.17		41.47					
Fed OASDI/EE			47.74		177.31					
AZ Withholding			23.10		85.80					
Total Tax Deductions:			117.51		425.34					
PRE-TAX DEDUCTIONS										
Total Pre-Tax Deductions:			0.00		0.00					
AFTER-TAX DEDUCTIONS										
Total After-Tax Deductions:			0.00		0.00					
EMPLOYER PAID BENEFITS										
PAY STATEMENT SUMMARY										
	TOTAL GROSS	PRE-TAX DED	AFTER-TAX DED	FEDERAL TAXABLE WAGES	SOCIAL SECURITY TAXABLE WAGES	MEDICARE TAXABLE WAGES	STATE TAXABLE WAGES	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current:	770.00	0.00	0.00	770.00	770.00	770.00	770.00	117.51	0.00	652.49
YTD:	2,859.90	0.00	0.00	2,859.90	2,859.90	2,859.90	2,859.90	425.34	0.00	2,434.56
LEAVE BALANCE										
Description	Start Balance	Earned	Taken	Adjusted	End Balance					
Sick	7.11	3.96	8.00	0.0	3.07					
PAY DISTRIBUTION										
DIRECT DEPOSIT INFORMATION										
ACCOUNT TYPE	ACCOUNT NUMBER	DEPOSIT AMOUNT								
Checking	*****7340	\$652.49								
MESSAGES										

PAYSTUB EXAMPLE

EXAMPLE COMPANY INFORMATION
EMPLOYEE DATA

TAX DATA		
	Federal	AZ State
Marital Status	H-of-H	N/A
Allowances	N/A	3.0%
Addtl Amt		
Dependent Amt	0.00	
Other Income	0.00	
Deductions	0.00	

ADVICE	
Business Unit:	126
Advice #:	2045200
Pay Date:	02/01/2024
Pay Period Begin:	01/21/2024
Pay Period End:	01/27/2024

Description	Pay Rate	Current Hours	Current Amt	YTD Hours	YTD Amt					
EARNINGS										
Regular Pay	20.000000	33.00	660.00	167.50	3,350.00					
Overtime Pay			0.00	0.33	9.90					
Sick Pay			0.00	8.00	160.00					
Total Earnings:		33.00	660.00	175.83	3,519.90					
TAXABLE GROUP TERM LIFE										
TAX DEDUCTIONS										
Fed Withholding			23.88		144.64					
Fed MED/EE			9.57		51.04					
Fed OASDI/EE			40.92		218.23					
AZ Withholding			19.80		105.60					
Total Tax Deductions:			94.17		519.51					
PRE-TAX DEDUCTIONS										
Total Pre-Tax Deductions:			0.00		0.00					
AFTER-TAX DEDUCTIONS										
Total After-Tax Deductions:			0.00		0.00					
EMPLOYER PAID BENEFITS										
PAY STATEMENT SUMMARY										
	TOTAL GROSS	PRE-TAX DED	AFTER-TAX DED	FEDERAL TAXABLE WAGES	SOCIAL SECURITY TAXABLE WAGES	MEDICARE TAXABLE WAGES	STATE TAXABLE WAGES	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current:	660.00	0.00	0.00	660.00	660.00	660.00	660.00	94.17	0.00	565.83
YTD:	3,519.90	0.00	0.00	3,519.90	3,519.90	3,519.90	3,519.90	519.51	0.00	3,000.39
LEAVE BALANCE										
Description	Start Balance	Earned	Taken	Adjusted	End Balance					
Sick	7.11	5.06	8.00	0.0	4.17					
PAY DISTRIBUTION										
DIRECT DEPOSIT INFORMATION										
ACCOUNT TYPE	ACCOUNT NUMBER	DEPOSIT AMOUNT								
Checking	*****7340	\$565.83								
MESSAGES										

PELLGRANT EXAMPLE



WICHITA STATE
UNIVERSITY
OFFICE OF FINANCIAL AID



Congratulations on being offered the Federal Pell Grant for the 2023-2024 Academic Year. The Pell Grant is a need-based grant for undergraduate students who have not yet earned a bachelor's degree. This notification is to inform you of your rights and responsibilities for receiving the Pell Grant.

What you need to know:

- Federal Student Aid Regulations for the Pell Grant require that you begin academically related activity in all courses for which Wichita State disbursed Pell funds.
- After a course has been successfully completed (with a D- or better grade), the course may only be attempted one additional time as a Pell Grant eligible course.
- Dropping courses within the term may require you to repay all or part of the Pell Grant you received.

For more eligibility details about the Federal Pell Grant, please review the financial aid terms and conditions [here](#).

PELL GRANT EXAMPLE

Student Name: ██████████

Date: 09/22/2023 10:27:30

Student Number: ██████████

Program: Bachelor of Science in Psychology

ESTIMATED COSTS

International tax rates and additional parking fees may apply and are not included in your charges.

	FALL 2023	FALL 2023
TUITION	\$8,250.00	\$0.00
CLASS FEES	\$675.00	\$0.00
PROGRAM PREMIUM	\$ 0.00	\$ 0.00
CANYONCONNECT WITH TAX	\$352.95	\$0.00
ACTIVITY FEE	\$300.00	\$0.00
TECHNOLOGY FEE	\$75.00	\$0.00
HEALTH INSURANCE	\$ 0.00	\$ 0.00
HEALTH FEE	\$100.00	\$0.00
ROOM*	\$ 0.00	\$ 0.00
MEAL PLAN	\$ 0.00	\$ 0.00
OTHER CHARGES**	\$25.00	\$0.00
<hr/>		
ESTIMATED DIRECT COST	\$9,777.95	\$0.00

SCHOLARSHIPS***

GCU GRAND CANYON STATE-IN	\$500.00	\$0.00
GCU DIRECT PRESIDENT SCHOLARSHIP	\$3,700.00	\$0.00

TOTAL ESTIMATED SCHOLARSHIP AID	\$4,200.00	\$0.00
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***Awards manually added by your Student Services Counselor for estimation purposes only. This is not an official award from Grand Canyon University until it has been posted to your account and is subject to further review.

ESTIMATED NET DIRECT COST

.....< \$5,577.95 >.....< \$0.00 >

For a full cost of attendance please visit <https://www.gcu.edu/tuition/cost-attendance>.

ESTIMATED FEDERAL AID

FED PELL GRANT	\$3,698.00	\$0.00
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TOTAL ESTIMATED AID	\$3,698.00	\$0.00
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THIRD PARTY BILLING

DIRECT BILL
TRIBAL
MILITARY

PAYMENTS

PAYMENTS	\$0.00	\$0.00
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REMAINING ESTIMATED BALANCE<	\$1,879.95 >	< \$0.00 >
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Reminders...

This budget is an estimate based on our most recent discussion and could change as a result of: changes to your schedule, changes to or additions to any university charges including meal plans, housing, and course fees, as well as academic performance (grades), failing to meet the eligibility requirements for any form of aid, and/or failure to resolve any current balance prior to the ending of the term the balance was created in.

Late Fees

A \$25 late fee is assessed each month that an account is not in good standing.

Financial Aid

If you are utilizing financial aid it cannot be processed until all required forms are submitted and processed. Until financial aid is approved and awarded, it is subject to change.

Deadlines

Any student that is not financially cleared by the deadline is at risk of having their schedule and housing for the upcoming academic year removed.

*This is for planning purposes only. Additional steps must be taken to secure housing.

**Other charges may include additional class fees, housing fees, and/or fines.

***Scholarships that are awarded to students from a non-GCU affiliated organization are not subject to the Institutional caps that are in place. A scholarship from a non-GCU affiliated organization that is paid directly to GCU will be reflected on your awards summary and will be posted to your account for any applicable tuition or fees. GCU Scholarships are able to be combined up to the following limits:

1. President/Chancellor scholarships/on-campus housing - up to \$15,000 per year.
2. All other scholarships/on campus housing - up to \$12,500 per year.
3. All other scholarships/living off campus - up to \$10,000 per year.

All charges and awards are subject to change, this budget is only an estimate. Class fees reflect charges for the current schedule. Student parking costs vary and are not included in the budget. Please visit <https://students.gcu.edu/student-resources/parking-on-campus.php> to learn more about permits. A housing fee of \$250 is due in order to reserve on-campus housing.

The tuition, fees and scholarship amounts on this budget sheet for Pre-Nursing Online students applies to the pre-clinical portion of the program only. Upon completion of all pre-requisites, the pricing structure for tuition, fees and scholarships will vary by clinical location. Each site has its own tuition and fee schedule and scholarship program (some sites do not have a scholarship program).

Pre-licensure nursing students who begin or resume attendance in Fall 2020 and beyond will be ineligible to utilize GCU institutional aid/scholarships for tuition and fees once accepted into the clinical portion of the program.

PAYMENT PLAN

Interest-free payment plans are billed on the 15th of each month and cannot exceed 5 total payments over the course of the semester. The first payment is due at the time the payment plan is set up for the semester and includes a \$25 administration fee.

To register for a payment plan, log on to your GCU Student Portal, select Finance Hub, then Make a Payment.

SNAP EXAMPLE



Department of Economic Security
Family Assistance Administration
P.O. Box 19009
Phoenix, AZ 85005



NUTRITION ASSISTANCE (NA) APPROVAL NOTICE

*** We now offer all services by telephone ***

Dear 

BENEFITS APPROVED

We processed your application for Nutrition Assistance (NA) turned in on August 28, 2023. We have approved you for NA benefits.

You will get NA benefits from August 2023 to July 2024.

YOUR BENEFITS AMOUNT

Your house will get \$121.00 for August 2023 and \$939.00 for September 2023. Starting in October 2023, you will get \$973.00 on the 8th of the month.

HOW TO GET YOUR BENEFITS

Your NA benefits will be placed on your Electronic Benefits Transfer (EBT) card. If you do not have an EBT card, you can call 1 (888) 997-9333 to ask for one. The TTY/TDD number for the hearing impaired is 1 (800) 367-8939.

IMPORTANT – REPORTING CHANGES

You must report any changes listed below by the 10th day of the month following the month the change occurs.

- When the gross income for your household totals more than \$3007 per month. Gross income is the amount of your income before any deductions.
- When you are an able-bodied adult between the ages of 18 and 50 with no dependent children, you must report if your work hours are decreased below 80 hours per month. - When any household member receives lottery or gambling winnings of \$4250 or more in a single game.

SNAP EXAMPLE



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE
SERVICES

Director
Administrator



Customer Service / VRU

January 25, 2024

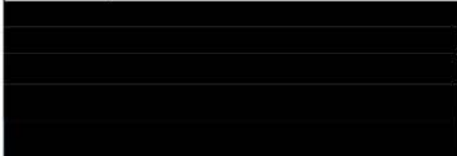
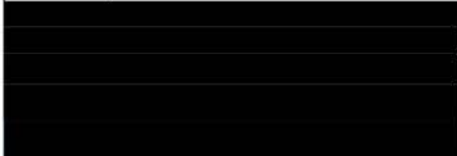
Dear 

The Nevada Division of Welfare and Supporting Services (DWSS) has taken action on your case. Please review the information below. The DWSS Customer Service Unit (CSU) and Automated Voice Response Unit (VRU) are available to answer questions regarding your SNAP, TANF, Medicaid, Nevada Check-Up or Child Support Case. The CSU/VRU can be accessed by calling the appropriate number listed above. You will need your Personal Identification Number (PIN) and Case ID before calling the CSU/VRU systems. If you do not know your PIN and/or Case ID, you may contact your local Welfare District Office to obtain this information.

You may submit applications, redeterminations, changes and most communications electronically through your Access Nevada account. Electronic notifications, such as email and text messaging, are an option from DWSS for households with a verified email account. DWSS sends reminders whenever there are To Do's or Messages in your Access Nevada Account. These can be viewed by signing in to your Access Nevada account and selecting an item from either list. You will need your PIN to use these features.

If you have medical bills for the time you were not covered by Medicaid, please contact your provider to coordinate the reimbursement of Medicaid covered services. You can now download the NVMedicaid app for instant access to your health information, including your chosen Managed Care Organization, claims and procedures, your Nevada Medicaid ID card, and any broadcast messages from Medicaid. The app also allowed you to find providers in your plan network. Look for the app in your App Store online at <https://mdp.medicaid.nv.gov/>. You must be 18 years or older to use the app. For more information, please visit: <https://dhcfnv.gov/resources?MDPRResource/>.

If you are seeking assistance with child support services, you can print and complete the child support application located on the DWSS child support homepage at https://dwss.nv.gov.Support/1_0_0-Support/. Submit your completed application to the appropriate child support office in your area. Northern and Southern Nevada office locations can be found on the child support homepage by selecting "locate child support offices" and selecting the appropriate region.

Supplemental Nutrition Assistance Program (SNAP)- NEW or Current Certification Period February 1, 2024 – July 31, 2024	
February 2024	
	Eligible (See case Information)
	

SNAP EXAMPLE

DocuSign Envelope ID: D86E123-1290-41FE-93E6-140826A4DF26

FAMILY ASSISTANCE ADMIN
CHANGE CENTER

STATE OF ARIZONA PAGE 1 OF 2
DEPARTMENT OF ECONOMIC SECURITY
HTTP://WWW.AZDES.GOV/FAA

DEAR [REDACTED]

**THIS DECISION IS ABOUT YOUR BENEFITS WITH THE
DEPARTMENT OF ECONOMIC SECURITY**

We have determined that you continue to be eligible for assistance and we have resumed your benefits.

This notice applies to the program(s) listed below:

*For Nutrition Assistance you are eligible for \$973 for the months of 02/2024 TO 07/2024.

NOTE: You may get less in benefits if you have an ongoing overpayment and it is collected from your monthly benefits. Notices about overpayments are sent by the Office of Accounts Receivable and Collections.

FOR CASH ASSISTANCE:

You must turn in all child support payments you get to the Division of Child Support Services. Call them at:

- (602) 252-4045 from area codes 602, 480, or 623; or
- 1 (800) 882-4151 (toll free) from any other area code.

IMPORTANT

Keep your EBT card safe.
Do not tell anyone your EBT card PIN.
Change your EBT card PIN at least once a month.

WHO TO CONTACT IF YOU HAVE QUESTIONS

- Call 1 (855) 432-7587 Monday - Friday, 7:00 a.m. to 6:00 p.m.
The TTY/TDD number for the hearing impaired is 7-1-1.
- In person at any Department of Economic Security Family Assistance Administration office.

WHAT TO DO IF YOU DO NOT AGREE WITH THIS DECISION

SOCIAL SECURITY EXAMPLE

Social Security Administration Retirement, Survivors and Disability Insurance Important Information

Northeastern Program Service Center
1 Jamaica Center Plaza
Jamaica, New York 11432-3898
Date: November 3, 2023
[REDACTED]



0001317 00001317 3 MB 0.561 1027M1T2R1PI T10 P1



0201501.0 W033201
0001317 0010000000

We are writing to you about your **Social Security benefits.**

What You Should Know

You are entitled to monthly widow's benefits beginning November 2023.

What We Will Pay And When

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive \$920.00 for November 2023 around December 1, 2023.
- After that you will receive \$920.00 on or about the third of each month.

Your Responsibilities

Your benefits are based on the information you gave us. If this information changes, it could affect your benefits. For this reason, it is important that you report changes to us right away.

We have enclosed a pamphlet, "What You Need To Know When You Get Retirement Or Survivors Benefits". It tells you what must be reported and how to report.

Enclosure(s):
Pub 05-10077



SOCIAL SECURITY EXAMPLE



Social Security Administration Benefit Verification Letter

Date: February 3, 2024



*0101BEV104Z6Z91 * CCM.M72.BEV10.R240205

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2023, the full monthly Social Security benefit before any deductions is \$1,156.40.

We deduct \$174.70 for medical insurance premiums each month.

The regular monthly Social Security payment is \$981.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

Information About Past Social Security Benefits

From December 2022 to November 2023, the full monthly Social Security benefit before any deductions was \$1,120.70.

We deducted \$164.90 for medical insurance premiums each month.

The regular monthly Social Security payment was \$955.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Medicare Information

You are entitled to hospital insurance under Medicare beginning June 2010.

See Next Page

SUPPLEMENTAL SECURITY EXAMPLE



Social Security Administration Benefit Verification Letter

Date: January 26, 2024



0101BEV0Q4VK5NR CCM.M72.BEV0Q.R240126

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning December 2023, the current Supplemental Security Income payment is \$1,182.94.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

(For example, Supplemental Security Income Payments for March are paid in March.)

We found that you became disabled under our rules on July 1, 2001.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

Date of Birth Information

The date of birth shown on our records is January 3, 1986.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

See Next Page

TANF EXAMPLE

COUNTY OF LOS ANGELES

Date: 02/05/2024

Case Name: [REDACTED]

Case Number: [REDACTED]

VERIFICATION OF BENEFITS



Physical Address:

Home Phone Number:

Monthly Benefits

Month/Year	CalWORKs	GA/GR	RCA	CAPI	Cash Aid Assistance Unit Size	CalFresh	CF Household Size	MC	CMSP	MC Household Size
02/2023	1130.00				3	740.00	0	Y	N	
03/2023	1130.00				3	546.00	3	Y	N	
04/2023	1130.00				3	546.00	3	Y	N	
05/2023	1130.00				3	546.00	3	Y	N	
06/2023	1130.00				3	546.00	3	Y	N	
07/2023	1130.00				3	546.00	3	Y	N	
08/2023	1130.00				3	546.00	3	Y	N	
09/2023	1130.00				3	546.00	3	Y	N	
10/2023	1171.00				3	567.00	3	Y	N	
11/2023	879.00				3	567.00	3	Y	N	
12/2023	1171.00				3	577.00	3	Y	N	
01/2024	1171.00				3	577.00	3	Y	N	
02/2024	1171.00				3	577.00	3	Y	N	

TANF EXAMPLE



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE
SERVICES

Director

Administrator



Customer Service / VRU

January 25, 2024




Dear 

The Nevada Division of Welfare and Supporting Services (DWSS) has taken action on your case. Please review the information below. The DWSS Customer Service Unit (CSU) and Automated Voice Response Unit (VRU) are available to answer questions regarding your SNAP, TANF, Medicaid, Nevada Check-Up or Child Support Case. The CSU/VRU can be accessed by calling the appropriate number listed above. You will need your Personal Identification Number (PIN) and Case ID before calling the CSU/VRU systems. If you do not know your PIN and/or Case ID, you may contact your local Welfare District Office to obtain this information.

You may submit applications, redeterminations, changes and most communications electronically through your Access Nevada account. Electronic notifications, such as email and text messaging, are an option from DWSS for households with a verified email account. DWSS sends reminders whenever there are To Do's or Messages in your Access Nevada Account. These can be viewed by signing in to your Access Nevada account and selecting an item from either list. You will need your PIN to use these features.

If you have medical bills for the time you were not covered by Medicaid, please contact your provider to coordinate the reimbursement of Medicaid covered services. You can now download the NVMedicaid app for instant access to your health information, including your chosen Managed Care Organization, claims and procedures, your Nevada Medicaid ID card, and any broadcast messages from Medicaid. The app also allowed you to find providers in your plan network. Look for the app in your App Store online at <https://mdp.medicaid.nv.gov/>. You must be 18 years or older to use the app. For more information, please visit: <https://dhcsp.nv.gov/resources?MDPRResource/>.

If you are seeking assistance with child support services, you can print and complete the child support application located on the DWSS child support homepage at https://dwss.nv.gov.Support/1_0_0-Support/. Submit your completed application to the appropriate child support office in your area. Northern and Southern Nevada office locations can be found on the child support homepage by selecting "locate child support offices" and selecting the appropriate region.

Temporary Assistance For Needy Families (Child Only)	
February 2024	
	Eligible
	
	



TRIBAL HOUSING EXAMPLE

Housing Authority of the Cherokee Nation

02/02/2024



Dear 

An examination of your housing assistance has been complete. Based on information submitted by you and subsequently verified by us, we have determined your contribution toward the contract rent and the housing assistant payment to the landlord for the housing unit are as follows.

Total Contract Rent: \$750.00

Total Resident Rent: \$475.00

Housing Assistance Payments: \$275.00

Effective Date: 03/01/2024 and will continue until 03/01/2025 unless modified by a tenant income change or termination.

If you have any questions regarding this determination, please write to or call our office.

Sincerely,



TRIBAL CASH ASSISTANCE EXAMPLE

United States Department of the Interior- Bureau of Indian Affairs

Human Resource Office-BIE

01/17/2024



Dear [REDACTED]

An examination of your financial Assistance for general assistance has been complete. Based on the information submitted by you and subsequently verified by us, as well as the completion of steps outlined in your Individual Self-Sufficiency Plan (ISP), you are eligible for aid in the amount of: **\$764.00.**

Your effective date to receive payments monthly is: 02/01/2024 unless modified by income change or termination.

If you have any questions regarding this determination, please write to or call our office.

Sincerely,

TRIBAL FOOD EXAMPLE



Food Distribution Program on Indian Reservations (FDPIR)

NOTICE OF ELIGIBILITY

DATE: 02/20/2024

NAME: [REDACTED]

APPLICATION #: [REDACTED]

TELEPHONE: [REDACTED]

ADDRESS: [REDACTED]

Dear [REDACTED]

YOUR APPLICATION FOR FDPIR HAS BEEN APPROVED.

Your household has been certified from 02/01/2024 – 07/31/2024 for a household of 2.

REPORTING REQUIREMENTS: You are required to report the following changes in the ten (10) calendar days after the change becomes known to the household.

1. A change in household size or composition.
2. An increase in gross monthly income of more than \$100.
3. A change in residence and/or address.
4. When the household no longer incurs a shelter or utility expense; or
5. A change in the legal obligation to pay child support.

If you fail to report a change and, as a result, receive USDA foods that you were not entitled to, a claim will be filed against your household. You will also need to reapply for continued participation at the end of the above stated certification period.

FAIR HEARING: You may request a fair hearing if you do not agree with the above action. At the hearing you will be given an opportunity to explain why you disagree. A hearing office will then render a decision. To request a fair hearing please call a telephone number listed above or write the Food Distribution Program within 90 days of the date of this letter. If you request a fair hearing, you will continue to receive benefits pending the outcome of fair hearing, however, you will be held liable for any benefits while awaiting the outcome of the fair hearing if the fair hearing official's decision is not in your favor.



Notice Date
Case Name
Worker Name
Telephone
Address

05/01/2023



TRIBAL TANF EXAMPLE



Dear [REDACTED]

We have APPROVED your application for Pascua Yaqui Tribe TANF Program Cash Assistance benefits, received on 05/01/2023 Effective 05/01/2023 you will receive \$ 418.00, and after that, you will receive \$418.00. You are approved through 12/31/2023.

**** Reporting Changes ****

You must report changes within 10 days of the change becoming known to you., Report changes in income, resources, residence, birth/death of a household and persons moving in or out of your home (including incarceration of any household members). You may report changes by mail at the address above, in person, over the phone at (520) 879-5640 or by fax at (520) 879-5646 in Tucson, Or by phone at (480) 768-2089 by fax at (480) 768-2050 in Maricopa. Changes also need to be reported on your Monthly Eligibility Report (MER).

If you fail to report required changes, your case may be closed and/or your benefits may be reduced.

If you have any questions, please contact your Eligibility/Case Manager at (520) 879-5640 in Pima, (480) 768-2089 in Maricopa and (520) 723-5080 in Pinal.



YOEME Services Case Manager



DEPARTMENT OF VETERANS AFFAIRS


VETERANS EXAMPLE

October 11, 2023



In Reply Refer
to:
xxx-xx-4825
27/eBenefits

Dear 

This letter certifies that  receiving service-connected disability compensation from the Department of Veterans Affairs.

The current benefit paid is as follows:

Gross Benefit Amount	\$1,889.06
Net Amount Paid	\$1,889.06
Effective Date	July 1, 2023
Combined Evaluation	70 percent

How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Ask a question on the Internet at <https://www.va.gov/contact-us>.

Sincerely Yours,

Regional Office Director



DEPARTMENT OF VETERANS AFFAIRS

VETERANS EXAMPLE

January 25, 2024



In Reply Refer to:
xxx-xx-5280
27/eBenefits

Dear [REDACTED]

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: xxx-xx-5280

You are the Veteran.

VA Benefit Information

Your combined service-connected evaluation is:	100%
You are considered to be totally and permanently disabled due solely to your service-connected disabilities:	Yes
The effective date of when you became totally and permanently disabled due to your service-connected disabilities:	October 11, 2017
You are in receipt of special monthly compensation due to the type and severity of your service-connected disabilities:	Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

How You Can Contact Us

- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-



WIC EXAMPLE



Scripps Mercy WIC
4077 5th Ave. MER 66
San Diego, CA 92103

2/2/2024



Dear 

Per your request, Scripps Mercy Women, Infants, and Children (WIC) Program has verified participation in the California WIC Program for you and/or your child(ren).

Name	Service (Month/Year)
	09/15/23 - 08/31/24
	06/05/23 - 05/31/24

Sincerely,

WIC REP



WIC EXAMPLE

Kansas WIC Program WIC Certification by Certification Period

Client [REDACTED] Birth Date [REDACTED]

Category C Eligibility Period 05/26/2023 to 05/31/2024

Caregiver Address [REDACTED] Mailing [REDACTED]

Telephone [REDACTED]

Applied for WIC 05/17/2023

Initial Contact Date 05/26/2022

Certified Date 05/26/2023

Risk Factors Assigned

Recorded	Assigned Risk
05/26/2023	115-High Weight for Length
05/26/2023	142b-Early Term Delivery

Income Eligibility

Test Date	Family Count	Income	Elig	Medicaid	Adjunctive
05/26/2023	4	\$450.00 Weekly	Yes		Medicaid

Anthropometric Measures

Date	Length	Height	Weight	BMI	BMI/Ag	Wgt/Len	Wgt/Stat	Len/Ag	Hgt/Age
05/26/2023	29" 4/8ths		24 lb 12 oz	20.0		98.61		59.23	

Blood Measurements

Date	Hct	Hgb	Missing Reason
05/26/2023		12.3	

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