

CASE NAME
CASE #:
DISQUALIFIED INDIVIDUAL:

Dear

Our records show the above named person is a member of your household not receiving food stamp benefits because s/he is not working or going to a training program at least 20 hours per week. Policy regarding this requirement has changed.

The person listed above may again be able to receive food stamp benefits. Please fill out the enclosed Change Report Form giving us information for the person listed above. Send us the filled out form within 10 days. Please give us a phone number where we may call you if additional information is needed to determine eligibility.

If the above-named person does not live with you anymore, please contact us. If we have not received the filled out Change Report Form or hear from you by _____, we will begin the process to stop your food stamp benefits.

You can contact our office if you have any questions.

Sincerely,