

ATTACHMENT E-9
TO
ADVANCE NOTICE
(Form PA/SNAP 162A)

CASE NAME

CASE NUMBER

DATE

**INDIVIDUAL WHO FAILED TO MEET
THE ELIGIBILITY REQUIREMENT
FOR CASH ASSISTANCE**



REQUIREMENT YOU FAILED TO DO:

You failed, without good cause, to sign a new or updated Agreement of Mutual Responsibility, AMR, which is required when there is a change in applicable requirements for Extended TANF.

Reason you are required to sign a new or updated AMR:

You stated reason for failing, without good cause, to sign a new or updated AMR:

Regulations require that a recipient shall sign an AMR as a condition of eligibility for cash assistance. You and your family are ineligible for cash assistance until you agree to sign a new or updated AMR indicating that you agree to comply with the obligations and responsibilities that the AMR sets forth. This action does not affect your Medical Assistance or Supplemental Nutrition Assistance Program, SNAP, benefits. You will receive a separate notice if any changes occur in your Medical Assistance and/or SNAP.

The following State regulations apply:
55 Pa. Code §§125.1(f) and (g), 133.23(a)(1)(viii), 141.21(n), 183.13(b).