

CAO NAME AND ADDRESS

Toll Free Phone:

Local Phone:

Fax:

NOTICE OF BENEFIT RENEWAL

Dear _____ ,

Date: _____

It is time to renew your benefits for _____

MAIL-IN RENEWAL INFORMATION:

You can either fill in your renewal form online **OR** you can fill in the renewal form that is included in this packet.

TO SUBMIT YOUR RENEWAL ONLINE:

1. Go to: www.compass.state.pa.us and click on "Renew your benefits," then click on "A Department of Public Welfare benefit"
2. Type in these three items in the spaces on the web page:
 - Your Social Security Number
 - Your County/Case Record - _____
 - Your Renewal Due Date - _____
3. You will see that some of the information is already filled in. Complete the rest of the form. If you need to make a change to the information, follow the directions.
4. Click the "Submit" button at the end of the Renewal. **IMPORTANT: Your online renewal must be submitted by** _____
5. **Mail: (1) the information on the Renewal Signature Page, (2) the information on the enclosed Renewal Information List, and (3) the forms listed below to our office by** _____. Use the enclosed stamped, self-addressed envelope. If you are unable to mail the information by that date, let me know as soon as possible.

TO SUBMIT THE PAPER RENEWAL FORM:

1. **Review the information** printed on the Renewal Form and other forms included in this packet. If the information is incorrect, strike out and provide correct information
2. **Fill out** answers for questions on the Renewal Form that do not have pre-printed responses unless the instructions tell you that you do not have to answer.
3. **Mail: (1) the Renewal Form, (2) the information listed on the enclosed Renewal Information List, and (3) the forms listed below to our office by** _____. Use the enclosed stamped, self-addressed envelope. If you are unable to mail the information by that date, let me know as soon as possible.

FORMS LIST:

Thank You: