

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CTR DIG	DIST

IMPORTANT NOTICE

ADDING YOUR BABY TO THE ASSISTANCE GRANT

- ☐ Your new baby has been added to your cash assistance grant beginning with the date of birth.
- ☐ Your SNAP benefits have been increased for the new baby beginning _____

If you want to continue receiving cash assistance for your new baby, you must fill out the attached application form and show that your baby is eligible.

NOTE: Give information only about your new baby.

If you need help filling out the application form, your County Assistance Office will help you.

You have a phone interview scheduled on _____ at _____.

Please return your application form and any supporting documentation to your caseworker prior to your interview date.

If you don't fill out and return the form to show that your baby is eligible during the interview, cash assistance for your baby may be stopped.

If you prefer an in-person interview, please contact your caseworker to schedule a date and time.

CASEWORKER NAME

TELEPHONE NUMBER