

[County CAO]  
[Address Line 1]  
[Address Line 2]  
[City, State Zip-Zip Extn]

[Payment Name First] [Payment Name Last]  
[Address Line 1]  
[Address Line 2]  
[City, State Zip-Zip Extn]

## **Important Information About Your Temporary Assistance for Needy Families (TANF) Benefits**

[Payment Name]

An Agreement of Mutual Responsibility (AMR) with [ individual name ] was updated, or a new AMR was created, during their personal interview on [Date of Interview]. A copy of the AMR was mailed for their signature and initials. You can contact your caseworker, [caseworker name] , at [caseworker phone] if you have any questions about your AMR.

The signed AMR must be received in the County Assistance Office (CAO)  
on or before \_\_[30 days after AMR mail date]\_.  
You may mail or FAX the signed copy to the CAO at [ Fax number ].  
You may also upload it using your “My Compass Account” if you have one.

**[Individual’s name] will not be eligible for cash assistance if the signed and initialed AMR is not returned within 30 days unless they have good cause. If an adult in your TANF household already received 60 months of TANF, you and your family will be ineligible for cash assistance.**

[Caseworker Name]

Caseworker