

ADVANCE NOTICE

THIS IS TO NOTIFY YOU THAT THIS OFFICE HAS DECIDED TO

☐ **REDUCE** ☐ **DISCONTINUE** ☐ **SUSPEND**
YOUR BENEFIT SHOWN BELOW

BENEFIT	BEGINNING	FROM	TO	BENEFIT	BEGINNING	TYPE
ASSISTANCE CHECK		\$	\$	SOCIAL SERVICES		
SNAP		\$	\$	MEDICAL ASSISTANCE		
NURSING HOME CARE						
☐ Your level of care has been changed				OTHER (Specify)		
☐ Your patient pay amount was changed		\$	\$			

WE PLAN TO TAKE THIS ACTION BECAUSE OF THE FOLLOWING FACTS AND REGULATIONS

Regulation

Reason Code

THE FOLLOWING ITEMS WERE TAKEN INTO CONSIDERATION IN DETERMINING THE AMOUNT OF YOUR BENEFITS

☐ SNAP				☐ ASSISTANCE CHECK			
Name		GROSS MONTHLY EARNED INCOME		Name		GROSS MONTHLY EARNED INCOME	
		\$				\$	
		\$				\$	
		\$				\$	
Name		GROSS MONTHLY UNEARNED INCOME		Name		GROSS MONTHLY UNEARNED INCOME	
		\$				\$	
		\$				\$	
		\$				\$	
TOTAL GROSS MONTHLY INCOME		\$		TOTAL GROSS MONTHLY INCOME		\$	
GROSS MONTHLY DEPENDENT CARE COSTS		\$		GROSS MONTHLY DEPENDENT CARE COSTS		\$	
GROSS MEDICAL COSTS		\$					
Telephone		Water/Sewage					
Electric		Garbage/Trash					
Gas		Utility Installation					
Oil		Other					
GROSS UTILITY COSTS/UTILITY STANDARD*		\$					
RENT/MORTGAGE		\$					
TAXES		\$					
INSURANCE COST ON HOME		\$					
TOTAL SHELTER COST		\$					
				TOTAL GROSS MONTHLY INCOME		\$	
				NET MONTHLY INCOME/NET SEMI-ANNUAL INCOME		\$	
				INCOME LIMIT		\$	

COMMENTS:

Worker's Signature			Mailing Date		Telephone Number	
CO	RECORD NUMBER	CAT	CTR DIG	DIST		

APPEAL AND FAIR HEARING

If you disagree with our decision, you have the right to appeal. See attached form for a complete explanation of your right to appeal and to a fair hearing.

If your oral request for a hearing is received in the county assistance office or your written request is postmarked or received on or before your assistance will continue pending the hearing decision, except when the change is due to state or federal law.

☐ Check here if you do not want SNAP to continue at the current amount pending the hearing decision.

LEGAL HELP IS AVAILABLE AT

If you do not request a hearing before the date shown above, we will assume that our facts are correct and the proposed action will be taken. If you do not understand our decision or have any questions, contact your worker.

☐ **CLIENT**

☐ **APPEAL COPY**

☐ **CASE RECORD COPY**