

NOTICE OF

District Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Date Mailed \_\_\_\_\_ Worker Number \_\_\_\_\_

COUNTY CASE NUMBER \_\_\_\_\_

CASE ID \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

AID PROGRAM CATEGORY \_\_\_\_\_

This is to notify you that your \_\_\_\_\_  
has been \_\_\_\_\_ .

If you do not agree with this decision, you may ask for a hearing.

If you want a hearing, you must ask for it within sixty (60)

calendar days from the date of this letter. The last day on which you  
may ask for a hearing is \_\_\_\_\_.

Your appeal rights are explained in the information included with this form.