

COUNTY NAME CNTY SOCIAL SERVICE
COUNTY ADDRESS
CITY NAME MN 00000-0000

MONTH DD, YYYY 00:00 PM

CASE NUMBER: 00000000

CLIENT NAME
CLIENT ADDRESS
CITY NAME MN 00000-0000

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, WORKER NAME at () .
 - * For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
 - * The back of this page lists your appeal rights and responsibilities.
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NOTICE: A DECISION ABOUT YOUR MFIP BENEFITS

Your MFIP redetermination has been processed. You remain eligible for MFIP. (Auth:9)

Your certification period changed. You are now certified until Month 01, YYYN. (Auth:9)

You can decide not to get the MFIP Housing and cash part of MFIP. Your 60 month time clock will stop if you don't get either cash. Tell your worker by the 22nd of the month if you want to make this change. The following change(s) did not affect your MFIP grant for Month YYCY:

You are eligible for the MFIP Housing Assistance Grant of \$110.00. [We take this action under Minnesota statute 256J.35(a).]

Your grant includes a food portion of \$000.00. (Auth:22.12)

Case Number:

BUDGET FOR CALENDAR MONTH BENEFIT HOUSEHOLD SIZE (#)

FAMILY WAGE LEVEL. . . \$ 0000.00	GRANT AMOUNT. . . . \$ 0000.00
NET EARNED INCOME. . . \$ 0.00	PRORATED GRANT AMT. . \$ 0.00
DIFFERENCE \$ 1090.	
	AMT ALREADY ISSUED. . \$ 0.00
TRANSITIONAL STANDARD. \$ 000.00	SUPPLEMENT. \$ 0.00
MONTHLY NEED \$ 000.00	OVERPAYMENT . . . (-) \$ 0.00
UNEARNED INCOME. . (-) \$ 0.00	ADJUSTED GRANT AMT. . \$ 0000.00
NET DEEMED INCOME. (-) \$ 0.00	RECOUPMENT AMOUNT (-) \$ 0.00
CHILD SUPPORT EXCL (+) \$ 0.00	
TRIBAL COUNTED INC (-) \$ 0.00	FOOD ISSUANCE \$ 000.00
SUBSIDY/TRIBAL . . (-) \$ 0.00	STATE FOOD BENEFIT. . \$ 0.00
SANCTIONS 0% . . . (-) \$ 0.00	CASH ISSUANCE \$ 000.00
FOOD PORTION \$ 000.00	HOUSING GRANT AMT . . \$ 000.00

***** IMPORTANT APPEAL RIGHTS! READ THIS NOW! *****

If you don't agree with the action taken on your case, you can appeal. To keep your benefits until the appeal, you must appeal:

- * Within 10 days or
- * Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice (90 days for Supplemental Nutrition Assistance Program (SNAP)), but your benefits will not start again unless you win the appeal. To find out more, read the back of the first page of this notice.

WORKER: [REDACTED]

TELEPHONE: ([REDACTED]) [REDACTED]