

NOTICE OF LOST BENEFITS

Household Name and Address

┌ _____ ┐
└ _____ ┘

┌ _____ ┐
└ _____ ┘

Date _____

Case No. _____

County Office _____

We owe your household food assistance benefits in the amount of \$ _____

We applied to your unpaid food assistance claim \$ _____

The amount of food assistance we still owe you is \$ _____

We deposited the benefits we still owe you into your EBT food assistance account. If you need an EBT card, call the phone number below.

You or your authorized representative can appeal if you disagree with the amount of lost benefits you received. You can ask us for a hearing in person, by calling, or in writing within 90 days of receiving this notice.

Worker _____

Phone Number _____

Collect calls will be accepted for households outside the local calling area.