FAMILY ASSISTANCE ADMIN CHANGE CENTER PO BOX 19009 PHOENIX AZ 85005

STATE OF ARIZONA PAGE 1 OF ECONOMIC SECURITY HTTP://www.azdes.gov/faa

OFFICE NUMBER: (855) 432-7587 CASE NUMBER: Y

NOTICE NUMBER:

MAILING DATE: 03/04/20



DEAR

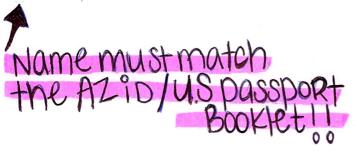
THIS DECISION IS ABOUT YOUR NUTRITION ASSISTANCE (NA)
APPLICATION

NA APPROVED: We approved your NA Renewal application received on 03/03/2020.

The following persons are included in your household. The income, resources, and expenses of these persons are used to determine if you are eligible for NA benefits and the monthly amount you will get.

Name

Date of Birth



BENEFIT AMOUNT

Starting 04/2020 you are eligible for \$62.00. After that you will receive \$62.00 (your monthly benefit amount that you are eligible for may be different than what is showing if there was a change in the number of people in your household, income and/or expenses for the 2nd month. We will send you a separate notice if this is the case).

You are approved through 03/2022.

NOTE: You may get less in benefits if you have an ongoing