(Sample Format to a Potential Applicant)

(CDHS Letterhead)

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Dear	:
assistance. A determination cobenefits cannot be made until yo	tion which indicates that you may be in need of encerning your eligibility for public assistance u sign and date an application for assistance and ns to show that you meet all eligibility factors.
Since your date of application wand dated application for assist contact our office immediately.	ill be the date that our office receives a signed tance from you, it would be to your advantage to
If you desire to have your eliginary have any questions concerning to (phone number).	bility for public assistance beneifts explored or this notification, please contact our office at
	Sincerely,
	Eligibility Determiner