**NOTICE OF ACTION** 

To:				
Address:		<u>Distribution:</u> Cash	A VR	CSS
		Other:		
The action described below applied to the following category of assistance:				
Cash Assistance	Food Assistance	Child Care	Other:	

The above is in accordance with the following manual references (advetse action only):

You can contact your local DCF office, which can be reached at to answer any questions you may have about your case.

Please see the reverse side for IMPORTANT information.

Local Office:

Signature/Date:

This form supersedes IM-3106, 5-91.