

COUNTY OF ORANGE



Notice Date : 02/09/2021  
Case Name : [REDACTED]  
Case Number : [REDACTED]  
Worker Name : [REDACTED]  
Worker Number : [REDACTED]  
Telephone : [REDACTED]  
Worker Hours : SSA, 7:00 AM 5:00 PM  
24Hour Information : (714) 541 4895  
Address : [REDACTED]

As you requested, this is to verify that you are in receipt of Cash Public Assistance in the amount of \$878.00 and \$364.00 CalFresh for the current month.

In addition, you are covered by the Medi-Cal program and have no Share of Cost.

If you have any questions concerning this information, please call your eligibility worker.

