

# Plan Approval/Denial Communication

| TraceID | CaseNo | Holder Name | Holder SSN | Plan Name | Plan Status | Plan Start Date | Plan End Date | BenefitAmount | DenialReason |
|---------|--------|-------------|------------|-----------|-------------|-----------------|---------------|---------------|--------------|
| 263     | 249    |             | null       | SNAP      | Denied      | null            | null          | null          | High Income  |