

# Plan Approval/Denial Communication

| TraceID | CaseNo | Holder Name | Holder SSN | Plan Name | Plan Status | Plan Start Date | Plan End Date | Benefit Amount | Denial Reason |
|---------|--------|-------------|------------|-----------|-------------|-----------------|---------------|----------------|---------------|
| 244     | 230    |             | null       | SNAP      | Denied      | null            | null          | null           | High income   |