

Plan Approval/Denial Communication

| TraceID | CaseNo | Holder Name | Holder SSN | Plan Name | Plan Status | Plan Start Date | Plan End Date | Benefit Amount | Denial Reason |
|---------|--------|-------------|------------|-----------|-------------|-----------------|---------------|----------------|---------------|
| 340 | 326 | | null | SNAP | Denied | null | null | null | High Income |