008 Southwest Special 1819 CHARLIE SIFFORD DR LOS ANGELES, CA 90047-5102

VERIFICATION OF BENEFITS

COUNTY OF LOS ANGELES

Date: 07/11/2024

Case Name: Aye Nay Myo Myint Case Number: L27B796 Worker Name: Customer Service

Worker ID: 19DP08A11H

Worker Phone Number: (866) 613-3777

AYE NAY MYO MYINT 4416 W 164TH ST

LAWNDALE, CA 90260-2905

Physical Address:

Home Phone Number:

| Monthly Benefits | | | | | | | | | | |
|------------------|----------|-------|-----|------|-------------------------------------|----------|-------------------------|----|------|-------------------------|
| Month/Year | CalWORKs | GA/GR | RCA | CAPI | Cash Aid Assistance Unit Size | CalFresh | CF Household Size | МС | CMSP | MC Household Size |
| 07/2023 | | | | | | | | N | N | |
| 08/2023 | | | | | | | | N | N | |
| 09/2023 | | | | | | | | Υ | N | 1 |
| 10/2023 | | | | | | | | Υ | N | 1 |
| 11/2023 | | | | | | | | Υ | N | 1 |
| 12/2023 | | | | | | | | Υ | N | 1 |
| 01/2024 | | | | | | | | Υ | N | 1 |
| 02/2024 | | | | | | | | Υ | N | 1 |
| 03/2024 | | | | | | | | Υ | N | 1 |
| 04/2024 | | | | | | | | Υ | N | 1 |
| 05/2024 | | | | | | | | Υ | N | 1 |
| 06/2024 | | | | | | | | Υ | N | 1 |
| 07/2024 | | | | | | | | Υ | N | 1 |

| Current Household Details | | | | | | | | | | | |
|---------------------------|------------|----|----------------|----|----|-----------|------|-----|----------|------|----------------|
| Name | DOB | | In the Home | CF | cw | GA /GR | CAPI | онс | Medi-Cal | CMSP | MC/CMSP SOC |
| Aye Nay Myo Myint | 01/10/1999 | M1 | Υ | N | N | N | N | N | Υ | N | 0.00 |

| Comments | |
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