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DAKOTA COUNTY HUMAN SERVICES 1 MENDOTA ROAD WEST SUITE 100 WEST ST. PAUL MN 55118-4765

February 05, 2018 02:44 PM

CASE NUMBER:

PO BOX 142 COTTAGE GROVE MN 55016-0142

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

Enter-PF1---PF3---PF3---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12--HELP EXIT RCPNT PREV NEXT EDIT LEFT RIGHT INFO

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- \* This information is available in other forms to people with disabilities by calling your county worker, at (651) 554-6586.
- \* For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
- \* The back of this page lists your appeal rights and responsibilities.

NOTICE: A DECISION ABOUT YOUR GROUP RESIDENTIAL HOUSING

Your eligibility for GRH payment has been determined for January 01, 2018 based on your income and room and board costs. (Auth: 20, MN Statute 2561)

For January 2018, your GRH grant will be \$1375.84. The amount you must pay from your income towards room and board will be \$0.00. (Auth: 20, MN Statute 2561)

Group Residential Housing grants are paid directly to the residence.

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HELP

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RCPNT

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     February 05, 2018 02:44 PM
                                                               Page
     Case Number:
     BUDGET FOR JANUARY PAYMENT
     ______
     Unearned Income. . .$
                        0.00
     Earned Income. . . .$
                         0.00
     Income Disregards. .$
                         0.00
     Income Deductions. .$
                         0.00
     Personal Needs . . .$
                         99.00
     Counted Income . . .$
                         0.00
     Vendor Number. . . .: 212252
     Vendor Name. . . . :
     Total Days . . . .:
     Total Cost . . . . $ 1375.84
     Client Obligation. .$
     Total Payment. . . . $ 1375.84
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF9---PF10--PF11--PF12---
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## \*\*\*\*\* IMPORTANT APPEAL RIGHTS! READ THIS NOW! \*\*\*\*\*

If you don't agree with the action taken on your case, you can appeal. To keep your benefits until the appeal, you must appeal:

\* Within 10 days or

\* Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice (90 days for Supplemental Nutrition Assistance Program (SNAP)), but your benefits will not start again unless you win the appeal. To find out more, read the back of the first page of this notice

WORKER:

TELEPHONE: (651) 554-6586

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