## **Denied Notice**

| Case Number :   | 2                                    |
|-----------------|--------------------------------------|
| Name :          | ABC                                  |
| SSN:            | XXX XX 4561                          |
| Plan Name :     | CCAP (Child Care Assistance Program) |
| Plan Status :   | Denied                               |
| Denial Reason : | Kids age criteria failed             |

DHS Office Address : Office Address goes here Contact Number : Contact Number goes here

Website: Website Url goes here