

Approved Notice

Case Number :	1
Name :	Ajay
SSN :	XXX XX 1234
Plan Name :	SNAP (Supplemental Nutrition Assistance Program)
Plan Status :	Approved
Start Date :	02/10/2023
End Date :	05/10/2023
Benefit Amount :	350.0

DHS Office Address : Office Address goes here

Contact Number : Contact Number goes here

Website : Website Url goes here