

Case Information

TO: _____

FROM: _____

Mail Code: _____

Mail Code: _____

Case Name	Category	➔	Case No.	Category	➔	Case No.
Address (Street, City, State, ZIP)						

- Change in Circumstances
- Change in Address/Telephone
- Income
- Resources
- Deductions
- Household Composition
- Medical/Disability
- TANF
- Absent Parent
- Protective Services
- Nursing Care/Level of Care
- Medicaid
- Community Placement Resources
- Support Services
- EPSDT
- Child Care
- Other: _____
- Family Health Services Nurse
- Employment Services
- Refugee Services
- Other: _____
- Family Planning

Comment/Response: _____

Telephone No. _____

Signature Date

RESPONSE:

TO: _____

FROM: _____

Mail Code: _____

Mail Code: _____

Comment/Response: _____

Telephone No. _____

Signature Date