

COUNTY NAME CNTY SOCIAL SERVICE  
COUNTY ADDRESS  
CITY NAME MN 00000-0000

MONTH DD, YYYY 00:00 PM

CASE NUMBER: 00000000

CLIENT NAME  
CLIENT ADDRESS  
CITY NAME MN 00000-0000

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IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- \* This information is available in other forms to people with disabilities by calling your county worker, WORKER NAME at ( ) .
- \* 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.

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DWP NOTICE OF DECISION

You are approved for the Diversionary Work Program.

You will get a DWP grant totaling \$000.00 for MONTH YYYY.

The purpose of DWP is to provide short-term, up to 4 months, necessary services and supports to families to help you find a job and meet your family's basic needs.

Case Number:

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BUDGET FOR MONTH BENEFIT

HOUSEHOLD SIZE (#)  
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SHELTER COSTS..... \$ 0.00	DWP GRANT..... \$ 000.00
PERSONAL NEEDS.....(+)\$ 000.00	PRORATED GRANT AMT.. \$ 0.00
TOTAL DWP NEED.....(=)\$ 000.00	
EARNED INCOME.....(-)\$ 0.00	AMT ALREADY ISSUED.. \$ 0.00
UNEARNED INCOME.....(-)\$ 0.00	SUPPLEMENT..... \$ 0.00
DEEMED INCOME.....(-)\$ 0.00	OVERPAYMENT..... \$ 0.00
	ADJUSTED DWP GRANT.. \$ 000.00
BUDGET MONTH TOTAL.(=)\$ 0.00	RECOUPMENT..... \$ 0.00
PRIOR LOW..... \$ 0.00	SHELTER NEEDS..... \$ 0.00

DWP COUNTABLE INC..(-)\$ 0.00      PERSONAL NEEDS..... \$ 000.00  
UNMET NEED..... \$ 000.00  
DWP MAX GRANT..... \$ 000.00  
DWP GRANT.....(=)\$ 000.00

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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.

You can only get 4 months of DWP, even if you appeal.

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: WORKER NAME

TELEPHONE: ( )