Service Center
PO BOX 671
VISALIA, CA 93279-0671

COUNTY OF TULARE

Date: 04/16/2023
Case Name: Brandi D Edgmon
Case Number: 1B0GL20
Worker Name: Center Seventeen Service
Worker ID: 54LS1IAE0F
Worker Phone Number: (800) 540-6880

VERIFICATION OF BENEFITS

BRANDI D EDGMON
1295 N LINNELL AVE
FARMERSVILLE, CA 93223-1039

Physical Address:

Home Phone Number: (559) 465-8749

Monthly Benefits							
Month/Year	**CalWORKs**	**GA/GR**	**CalFresh**	**RCA**	**MC**	**CMSP**	**Family Size**
04/22			250		Y	N	1
05/22			250		Y	N	1
06/22			250		Y	N	1
07/22			250		Y	N	1
08/22			250		Y	N	1
09/22			250		Y	N	1
10/22			281		Y	N	1
11/22			281		Y	N	1
12/22			281		Y	N	1
01/23			281		Y	N	1
02/23			281		Y	N	1
03/23			281		Y	N	1
04/23			281		Y	N	1

Current Household Details

Name	DOB	Aid Code	In the Home	CalFresh	CW	GA /GR	OHC	Medi-Cal	CMSP	MC/CMSP SOC
Brandi D Edgmon	03/29/1976	M1	Y	Y	N	N	N	Y	N	0.00

Comments