



Date: 07/10/2023

Case Number: 1000919284

Need help?

Call 2-1-1 or 1-877-541-7905

If you have a hearing or speech disability,
call 7-1-1 or any relay service.

All numbers are free to call.

MS. BREAUNYA SHAQUI CHILDS
917 KIMBROUGH ST
FORT WORTH TX 76108-3110

Notice about your case:

SNAP Food Benefits

EDG number: 683022587

Who gets SNAP Food Benefits		
Name	Date	Monthly Amount
Breaunya Shaqui Childs; Ke'ziah Laylani Blakemore	08/01/2023 - 01/31/2024	\$ 516.00
Notes: Your SNAP benefits will be available by the 12th of each month. (If this is your first time getting benefits, you may get them early for the first few months.)		

Facts we have about your case:

Costs that lower your income (deductions)			
Month	Type of cost	Cost	Deduction
August 2023	Shelter	\$ 1,244.00	\$ 624.00

Health Care Benefits

Who gets health care benefits			
Name	EDG number	Program	Date



Signing up to vote

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to register to vote here today? ☐ Yes ☐ No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. If you would like help in filing out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Elections Division, Secretary of State, PO Box 12060, Austin, TX 78711. Phone: 1-800-252-8683.

With a few exceptions, you have the right to request and be informed about the information that the Texas Health and Human Services (HHSC) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact your local eligibility determination office.

The information provided on this form will be subject to verification of federal, state and local offices. If any is found inaccurate, you may be denied food stamp benefits and/or subject to criminal prosecution for knowingly providing false information.

Anyone buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for food stamps will not be able to get food stamps for two years for the first offense and permanently for the second offense. Anyone who gives false information in order to receive food stamp benefits more than once in a month may be barred from the food stamp program for 10 years.

Agency Use Only: Voter Registration Status

☐ Already registered ☐ Client declined ☐ Agency transmitted ☐ Client to mail ☐ Mailed to client ☐ Other

Agency staff signature _____

