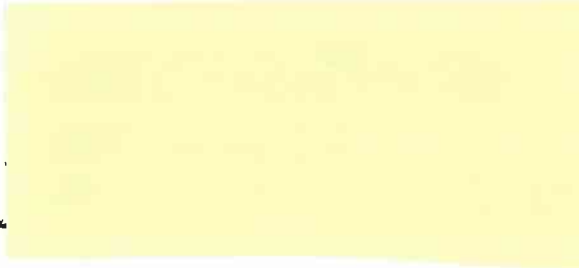


NOTICE OF ACTION



LOCAL OFFICE NCS D	TELEPHONE 483-5686
CASE NUMBER 59-F-638343-D	DATE 2-6-87
FBI C Meredith	



Please refer to the blocks checked below for actions taken or information required on your food stamp case.

1. You are certified eligible for the Food Stamp Program from 1-20-87 to 8-31-87
 Your food stamp benefits will be:
- | | |
|--------------------------------|---|
| a) <u>78.-</u> for <u>Jan</u> | c) <u>140.-</u> for <u>March</u> |
| b) <u>136.-</u> for <u>Feb</u> | d) <u>variable</u> for <u>Apr - Aug based on income</u> |

NOTICE OF EXPIRATION:
 Your food stamp certification period expires on 8-31-87. In order to continue to be eligible for and receive food stamps, you must complete and submit a new application. Part 1 of your application must be received in our office by 8-15-87.

2. Your application for food stamps received on _____ has been
- Denied Withdrawn Pended

If your case was Pended, see block 7 below for what information you need to provide:
 If you submit the information by _____ you will not have to reapply.

3. You sent in a change of circumstances. See block 7 below for the required information and/or verification: We need this information by _____
4. Because you needed food stamp benefits right away, we postponed asking you to give us certain information. We now need you to bring or mail in the following information no later than _____. See block 7 below for explanation.
5. You'll receive an increase/decrease in monthly food stamp benefits from \$ _____ to \$ _____ beginning in the month of _____ because (see block 7 below):
6. Your case will be closed effective _____. You are no longer eligible for food stamps because (see block 7 below):
7. See BLOCK _____ above: _____

Please read the back of this form as it informs you of your rights.



FINANCIAL ASSISTANCE AWARD

CSO NCSD	TELEPHONE 483-5686
CASE NUMBER 59-C-638342-D	DATE 2-6-87



Your application for assistance has been approved and you will receive:

- AID TO FAMILIES WITH DEPENDENT CHILDREN
- EMERGENCY ASSISTANCE
- GENERAL ASSISTANCE
- REFUGEE ASSISTANCE

OPENING DATE: > 2-3-87

CLOSING DATE: > []

SEE REMARKS SECTION

You will receive your assistance check by mail on the first of each month. The amount of your regular monthly grant is \$ 492. minus other income based on a household of 3 persons. Your first check will be \$ 378. for the period 2-3-87 to 2-28-87. You should receive it in 10 to 15 days.

Effective 1-1-87, you are also eligible for medical coupons which will pay for many of your medical needs.

You have been authorized to participate in the Food Stamp Program. Food Stamps have been authorized for you as follows:

EFFECTIVE: _____	TO: _____	MONTHLY ALLOTMENT \$ _____
EFFECTIVE: _____	TO: _____	MONTHLY ALLOTMENT \$ _____
EFFECTIVE: _____	TO: _____	MONTHLY ALLOTMENT \$ _____

You should receive you food stamps for the months of _____ in 10 to 15 days.

Your regular monthly food stamps will be mailed on approximately the _____ of each month.

REMARKS: See enclosed.

WHILE YOU ARE RECEIVING FOOD STAMPS AND/OR ASSISTANCE, IT IS YOUR RESPONSIBILITY TO REPORT TO THIS OFFICE, IN WRITING, ANY CHANGE IN YOUR INCOME, RESOURCES, OR LIVING ARRANGEMENTS WITHIN 10 DAYS OF THE CHANGE. YOU MAY USE THE ENCLOSED FORM TO DO THIS.

If you have any questions concerning your financial status, please call the number listed above.

If you disagree with this decision, you have the right to ask for a Fair Hearing by writing to this office, or to the Fair Hearing Section, Department of Social and Health Services, P.O. Box 2465, Olympia, WA., 98504, within 90 days from the date you receive this notice.

At a Fair Hearing, you have the right to be represented by an attorney or any other person of your choice. You may be able to obtain free legal advice and representation by contacting an Office of Legal Services.

C Meredith

FINANCIAL SERVICES TECHNICIAN

IMPORTANT DATES & INFORMATION TO REMEMBER

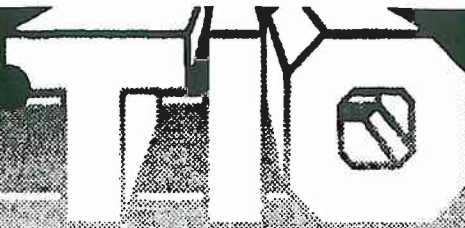
The Financial/Service Staff will be better able to serve you if you call or come in only when absolutely necessary. Most business can be handled by MAIL. All changes must be reported in writing.

1. Your check should be received by the second working day of each month, however, if not received, we cannot replace it until the 10th calendar day.
2. Your Food Stamps will be mailed by 2nd of each month.
3. Your wage report and verification of wages received by each family member must be returned to the local office by the 10th of each month.
4. Changes of address must be reported in WRITING with verification of address, rent amount and utility verification by the 20th in order to expect your check by the SECOND working day of the following month.
5. You have 10 DAYS to report all changes of circumstances that affect your food stamps. (For example: number in household, money received, address, rent and utilities, etc. "PLEASE REPORT IN WRITING.")
6. You have 20 DAYS from date of change to report all changes that affect your grant. (For example: Social Security numbers, monies and gifts received, address, number in household, child dropping out of school, new bank accounts, etc. YOU MUST REPORT THESE IN WRITING.)
7. You must report all monies received by a child regardless of the child's age.
8. You will be required to bring in bank statements for each of the six months preceeding your eligibility review.

PLEASE KEEP AVAILABLE FOR FUTURE USE.

Signature C. Meadows

Date 2-6-87



3-4-87

To Whom It May Concern

Sirs:


Please be advised that our firm, The Insurance Office, Inc., has extended an offer of employment to Dennis M. Huston. This is conditioned, of course, on his release from your facility.

We are fully aware of his present situation, but my personal knowledge of Dennis and his character convince me that he will be a valuable asset to our company. His primary duties will be in the area of office management and account placement.

Further, we are at present holding this position open for Mr. Huston, so the employment date would be as soon as he is available to report for work.

If you have any questions, or if we can be of further assistance, please do not hesitate to give us a call. Our office address is W. 12 Indiana, Spokane, WA 99205, and our phone number is (509) 326-0452.

Respectfully,


John G. Gliniski, Jr.
President

THE INSURANCE OFFICE, INC.