دا لیک خپل د ټولنیز خدماتو ادارې ته واستوئ ترڅو د ګټو ثبوت تر لاسه کړي این نامه را به اداره خدمات اجتماعي خود ببرید تا مدرکي مبني بر منفعت به دست آورید

Verification of Benefits Letter Request

Dear Agency Employee, My name is	
1. 2. 3.	Indicating that I am in current receipt of a means-tested benefit (SNAP/Medi-Cal) Indicating that the benefits are received at no cost to me. Showing my name and current address (household members can be listed on the same letter, but my name has to appear as well).
	_ Please also provide letters for my household members.
Thank	you