

Form #87

STATE OF TEXAS
DEPARTMENT OF
PUBLIC WELFARE

Notice of
Denial

CASE #
DATE 1 or
APP #

11-195

Form #87

REASON FOR DENIAL

YOU HAVE REQUESTED THAT YOUR
APPLICATION FOR OR YOUR GRANT
OF ASSISTANCE BE WITHDRAWN.

The REASON FOR DENIAL tells
you the worker's decision following
a recent examination of your eligi-
bility and the reason for this
decision.

NAME AND ADDRESS

PEDRO MORENO
1014 BEECHCRAFT
CORPUS CHRISTI TX

*Patent Status
be never requested
denial.*

[Signature]

RIGHT TO APPEAL: Any individual who feels that he has not received a fair decision on his case, may file an appeal on forms available at the local office of the State Department of Public Welfare.

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