STATE OF TEXAS
DEPARTMENT OF
PUBLIC WELFARE
C695694

NOTICE OF
CASE ACTION

FORM# 86

695694

Recipient's Category and Case No. 1-664269
Effective Date 06-01-68
Recipient's Name CALIXTRA RECIO
DETACH STUB AND DISREGARD THIS PORTION OF FORM

If there is no entry in the above space, disregard this part of card.
If there is an entry in the above space, it tells you the worker's decision following a recent examination of your eligibility and reason therefor. If you were found eligible, the authorized amount is shown on the enclosed check; if not eligible, no check is enclosed.

RECIPIENT'S NAME
CALIXTRA RECIO
Effective Month JUN 1968 ONLY
Category 1-664269 Recipient's No.
Case No.
SSA Claim No. 456-14-8237A

Dependent's Name	Recipient's No.

IBM M65043

STATE OF TEXAS
DEPARTMENT
OF PUBLIC WELFARE

MEDICAL CARE IDENTIFICATION CARD

Present this card whenever you are receiving medical care from a Doctor or Hospital.

Coverage: Person(s) listed on the opposite side of this card are covered by the Department's Medical Assistance Program with the exception of those with an asterisk (*) by their name.

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.