MONTEREY COUNTY
Department of Social Services
P.O. Box 299
Salinas, CA 93902

PASSPORT TO SERVICES

PRINTED AS OF : 11/13/1998
VALID FROM 12/01/1997 THRU 11/30/1998

Case Number: [redacted]
Case Name & Address: [redacted]
SALINAS CA 93901
Phone #: (408) 422-6734

County: 27

Case Status: OPEN
Primary Language: ENGLISH
Worker Name: S. MEDINA
Caseload #: 0147
Workers Telephone#: (831)-755-8518

HISTORY

Month	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Mth Gross Income	411	411	492	422	417	417	417	455	558	220	313	533
Warrant Amount	476	476	453	476	476	476	476	471	420	476	476	469
Aid Code	30	30	30	30	30	30	30	30	30	30	30	30
Food Stamp Allot	81	81	62	77	79	79	79	68	54	150	124	47
CFAP Per Count	0	0	0	0	0	0	0	0	0	0	0	0
Medical	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Family Grp Size	02	02	02	02	02	02	02	02	02	02	02	02

	Person Name	Ethnicity	Marital Status	Sex	Date of Birth	Soc Sec Number	FBU	Aid Code	Share of Cost	Medi-Cal	Other Hlth Care
01	[redacted]	WHITE	SINGLE	F	05/13/1950	[redacted]	Z	30	0	Y	N
02	[redacted]	WHITE	SINGLE	M	04/25/1985	[redacted]	Z	30	0	Y	N