



Today's Date

SR#: Click here to enter
Case #: Click here to enter
MIS Case #: Click here to enter

Client Name
Address

Dear Client Name:

We regret to inform you that you do not meet the requirements to receive a diet supplement.

This decision was made under Choose an item. (attached).

EAW to insert reasons – including a list of all information reviewed

USE ONLY IF DIET SUPPLEMENT DISCONTINUED: Your month cheques will be reduced in the amount of \$. This reduction will start on the cheque issued at the end of [month and year]

If you are dissatisfied with this decision, you can ask the ministry to reconsider it. You have 20 business days from the day you receive this letter to submit a completed Request for Reconsideration form. We have enclosed the Reconsideration and Appeal brochure to give you more information.

If you have any questions, or want the ministry to reconsider, please contact the Ministry of Social Development and Social Innovation Choose an item

Sincerely,

Enter Name
Ministry Choose an item

HR3139(13/12/03)
Security Classification: MEDIUM

Enclosure(s): Choose an item
Reconsideration and Appeals Brochure

The Ministry of Social Development and Social Innovation operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.