## Manitoba

## FORM LETTER ID UTL1



**Families** 

Employment and Income Assistance

FAMILIES (WC) -ACC EIA PROGRAMS SAMIN SUPPORT 3RD FLOOR 114 GARRY STREET WINNIPEG MB CANADA R3C 4V4

FORMS LETTER TESTING (WC) 102-975 HENDERSON HWY WINNIPEG MB R2K 2M2

JAN 28 19

CASE: 55182

DEAR: FORMS LETTER TESTING

REGARDING:

NAME: TESTING FORMS LETTER
YOUR ACCT. #: ACCOUNT # ACCOUNT #
ADDRESS LINE 1
ADDRESS LINE 2 SERVICE ADDRESS:

Effective EFFECTIVE DATE, the Employment and Income Assistance program will pay the cost of UTILITY TYPE services directly on behalf of the above-named Employment and Income Assistance participant. Direct payments will continue for as long as the above-named is eligible for income assistance.

Until further notice, all future billings for the above-named should be sent to the following address:

BILLING ADDRESS LINE 1

BILLING ADDRESS LINE 2

BILLING ADDRESS LINE 3

Please mention our case number on all billings and correspondence.

If you have any questions or concerns regarding this matter, please contact me at the telephone number below. Thank you.

YOURS TRULY,

. EIA COUNSELLOR