



making life better,
one family at a time.

Panhandle Community Services

Notification of Approval

Client Case#:

Panhandle Community Services
705 19th NW
Childress, Texas 79201
940-937-6335

Date: _____
 Name: _____
 Address: _____
 City/Zip: _____
 Phone: _____

Your application for assistance has been approved and will be provided from the following program(s):

_____ CSBG _____ CEAP _____ Other: _____
 Type of assistance received(this request):
 _____ Utility _____ Fuel _____ Other: _____

	Month	Paid To		Max Allowable Balance	Who Resolved	How Was it Resolved	Date/Time Resolved
1							
2							
3							
4							
5							
6							
7							
8							

Gave information sheet to client? _____ Yes _____ No

 Signature of Authorized Staff Date