

Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Worker ID: _____
Worker Phone Number: _____
Customer ID: _____

TEST

As of _____, the worker(s) listed below are assigned to assist you. You do not need to contact your worker about this notice. If you need to contact your worker, please remember to always have your case name and case number available.

Also IMPORTANT:

- It is important that you make an appointment with your worker before you visit the office. If you have an appointment, please arrive on time. If you arrive late your appointment will be rescheduled for another time.
- Without an appointment, you will be seen by a Customer Services Representative who will evaluate your situation.
- You may also view your case information or make an appointment online through the internet at www.dpssbenefits.lacounty.gov or call the self-service automated system at: _____

USE ONLY

Program	Worker Name	Worker ID	Phone Number
	Hours:		
	Mailing Address:		
	Office Address:		
Program	Worker Name	Worker ID	Phone Number
	Hours:		
	Mailing Address:		
	Office Address:		
Program	Worker Name	Worker ID	Phone Number
	Hours:		
	Mailing Address:		
	Office Address:		
Program	Worker Name	Worker ID	Phone Number
	Hours:		
	Mailing Address:		
	Office Address:		
Program	Worker Name	Worker ID	Phone Number
	Hours:		
	Mailing Address:		
	Office Address:		
Program	Worker Name	Worker ID	Phone Number
	Hours:		
	Mailing Address:		
	Office Address:		

DO NOT DISTRIBUTE