APPOINTMENT LETTER

COUNTY OF

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number: _____
Address : _____
_____
_____

(Addressee)

☐ CalFresh ☐ CalWORKs ☐ Other: _____

☐ You have a telephone interview appointment. **If you want to be interviewed in person, please call the county at the number above for an appointment.**

Appointment Date:	Appointment Time:
Your Phone Number:	Alternative Phone Number:

We will call you at the number above. If the number is wrong, you must call us and give a number where you can be reached for your interview. It is very important that we are able to reach you. You may also want to give another phone number where you can be reached. County phone numbers may be blocked. If your phone does not accept blocked numbers, you may miss the phone call for your telephone interview, and your benefits may be delayed. If you miss your interview you will have to reschedule it. Call the county at the number above or go to the office address listed above to reschedule your interview.

☐ You have a face-to-face interview appointment.

Appointment Date:	Appointment Time:		
County Office Name:			
County Office Address:	City:	State:	Zip Code:

IMPORTANT REMINDERS

- Failure to complete the interview may result in a delay or may end your benefits.
- To change your appointment, please contact the county at: _____.
- To determine your eligibility for benefits, you may be asked to provide verification(s). Please tell the county if you need help getting this information. The county can help you get it.

COMMENTS: