GOOD CAUSE/EXEMPTION LETTER

COUNTY OF

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

(Addressee)

Dear _____,

Our records show that your reason for not doing Welfare-to-Work activities based on:

_____

_____

will end on _____. If the reason you have not been doing Welfare-to-Work activities no longer
(Date)
exist, you will need to start doing Welfare-to-Work.

☐ If this box is checked, please call our office by _____ at _____
(Date) (Telephone Number)
to talk about whether you need to start doing/performing Welfare-to-Work activities.

☐ If this box is checked, please come into our office on _____ at _____ to
(Date) (Time)
meet with your Welfare-to-Work Case Manager, _____.
Your Case Manager will talk with you about whether you need to start doing Welfare-to-Work activities and what the next steps will be. Contact your worker if you need to change this meeting time.