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

TEST

USE

We have not received your **CalWORKs/CalFresh Redetermination/Recertification Documents**. On

_____ we sent you an appointment letter telling you that your:

CalFresh

and/or

CalWORKs

Your Certification Period will end on _____.

In order to avoid discontinuance of your benefits, you may mail in your completed **CalWORKs/CalFresh Redetermination/Recertification Documents** with any verification, or you may bring them into your county welfare office. If we do not receive these documents by the last working day of this month, you will not receive any benefits next month.

DO NOT

DISTRIBUTE