

Case Name: _____

NOTICE: F006

Case Number: _____ Mailing Address _____

TITLE: APPOINTMENT LETTER INITIAL APPLICATION _____

DEAR _____:

YOUR APPLICATION FOR SUPPLEMENTAL NUTRITION ASSISTANCE, FORMERLY FOOD STAMPS, WAS RECEIVED ON _____. TO DETERMINE IF YOUR HOUSEHOLD IS ELIGIBLE TO RECEIVE ASSISTANCE YOU MUST BE INTERVIEWED. YOU DO NOT HAVE TO GO INTO THE COUNTY OFFICE TO BE INTERVIEWED. YOU HAVE BEEN SCHEDULED A TELEPHONE INTERVIEW ON _____ BETWEEN _____ AND _____. A CASEWORKER WILL CALL YOU AT _____ TO CONDUCT YOUR INTERVIEW BY PHONE. THIS IS THE PHONE NUMBER THAT WE HAVE ON FILE FOR YOU. IF YOUR NUMBER HAS CHANGED OR IF THIS NUMBER IS INCORRECT, PLEASE CALL _____ AND GIVE US THE CORRECT PHONE NUMBER BEFORE THE DAY OF YOUR INTERVIEW.

IF YOU DO NOT HAVE A PHONE, IF YOU NEED TO BE INTERVIEWED IN PERSON, OR IF YOU CANNOT KEEP THIS APPOINTMENT, PLEASE CALL _____.

FAILURE TO COMPLETE AN INTERVIEW MAY CAUSE YOUR BENEFITS TO BE DELAYED OR DENIED. FAIR HEARING RIGHTS ARE EXPLAINED ON THE BACK OF THIS NOTICE.