

REMINDER LETTER

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

On _____, we sent you a notice telling you that your
(DATE)

CalFresh

CalWORKs

would be discontinued effective _____ because we had not received a complete SAR 7 report.
(DATE)
 In response to our notice, you turned in your SAR 7 on _____, but it was not complete.
(DATE)
YOU HAVE NOT FIXED THE PROBLEM. In order to avoid discontinuance of your benefits, before the end of the first working day of next month, you need to do the following:

If you need help understanding this notice or filling out the SAR 7, please contact your County office.

If your benefits are discontinued because you fail to turn in a complete SAR 7, you will not receive Transitional CalFresh (TCF) Benefits. If you have any questions about TCF, please contact your County office.

If you disagree, you can still ask for a hearing based on the notice we sent you on _____ .
(DATE)

The phone number for filing a state hearing is 1-800-952-5253 or for hearing or speech impaired who use TDD 1-800-952-8349.

You may mail in your completed SAR 7 with any verification that we listed above or bring it into your county welfare office. If we do not receive the required information by the first working day of the next month, you will not receive any benefits next month.