WELFARE TO WORK APPRAISAL APPOINTMENT LETTER

NAME	DATE	
	CASE NUMBER	
	SSA NUMBER	
You are now required to participate in Welfare to	Work.	
You have volunteered to participate in Welfare to	Work.	
You are scheduled for an	on at	o'clock at
	(address)	
The purpose of this appointment is to get information you should go to first. Then you will sign a Welfare Welfare to Work activities are and what services the supportive services are described in the Welfare The Welfare to Work plan will also give you a defunder Welfare to Work.	e to Work plan. The Welfare to Work plan whe County may offer you. The Welfare to to to Work Handbook, which you will receive	vill show what your Work activities and e from the County.
This appointment is very important.		
If you cannot keep this appointment, call	at	(phone)
to schedule another date. If we are not available, p		