## **CALFRESH RECERTIFICATION APPOINTMENT LETTER**

| •  | Date : Case Number : Case Name : Worker Name : Worker Number : Worker Telephone : Address :  |  |  |
|--|--|--|--|
| You were notified that your CalFresh certification period ends   | S on   | . You need an                                      | interview to keep  |
| getting CalFresh benefits. This is your appointment letter fo  |  |  |  |
| ☐ You have a telephone CalFresh recertification interview please call the county at the number above for an ap   |  | to be intervi                                      | ewed in person,  |
| APPOINTMENT DATE:  | APPOINTMENT TIME:  |  |  |
| YOUR PHONE NUMBER:   | ALTERNATIVE PHONE NUMBER:  |  |  |
| We will call you at the number provided above. If the number you can be reached for your interview. It is very important the alternative phone number where you can be reached. Cou accept blocked numbers, you may miss the phone call for you miss your scheduled interview you will have to resched to the office address listed above to reschedule your interview.  | nat we are able to reach you. Youth the phone numbers may be bour telephone interview, and youle your interview. Call the courtenance. | ou may also v<br>locked. If you<br>our benefits ma | vant to provide an<br>ir phone does not<br>ay be delayed. If |
| ☐ You have a face-to-face CalFresh recertification interview   | appointment.   |  |  |
| APPOINTMENT DATE:  | APPOINTMENT TIME:  |  |  |
| COUNTY OFFICE NAME:  |  |  |  |
| COUNTY OFFICE ADDRESS  | СІТУ:  | STATE:   | ZIP CODE:  |
| <ul> <li>IMPORTANT REMINDERS</li> <li>Failure to complete the interview may result in a delay of the second of the</li></ul> | ne listed in this letter, it is your<br>If the county asking for it.   | responsibility                                     | to reschedule it.  |

## COMMENTS: