

CALFRESH RECERTIFICATION APPOINTMENT LETTER

•	•	Date	:
		Case Name	:
		Case Number	:
		Worker Name	:
		Worker Number	:
		Worker Telephone	:
•	•	Address	:

Your CalFresh certification period ends on _____. You need an interview to keep getting CalFresh benefits. This is your appointment letter. MM/DD/CCYY

You have a telephone CalFresh recertification interview appointment. **If you prefer to be interviewed in person, please call your worker at the number above for an appointment.** The county will call you for your telephone appointment on:

APPOINTMENT DATE:	APPOINTMENT TIME:
YOUR PHONE NUMBER:	

You have a face-to-face CalFresh recertification interview appointment on: _____ MM/DD/CCYY

APPOINTMENT DATE:	APPOINTMENT TIME:		
COUNTY OFFICE NAME:			
COUNTY OFFICE ADDRESS	CITY:	STATE:	ZIP CODE:

We will call you at the number above. If the number is not correct, you must call us and provide a number where you can be reached for your interview. It is very important that we are able to reach you. You may also want to provide an alternative phone number where you can be reached. County phone numbers may be blocked. If your phone does not accept blocked numbers, you may miss the phone call for your telephone interview, and your benefits may be delayed. You will have to reschedule your interview. If you miss the phone interview, call your worker at the number above or go to the above office to reschedule your interview.

IMPORTANT REMINDERS

- Failure to complete this interview may result in a delay or may end your CalFresh benefits.
- If you do not keep the scheduled appointment, it is your responsibility to reschedule it.
- To change your appointment, please contact your worker.
- Required verification must be turned in within 10 days of your worker asking for it. Please tell your worker if you need help getting this information. Your worker can help you get it.

COMMENTS: