

# APPOINTMENT NOTICE

Date \_\_\_\_\_

COUNTY CASE NUMBER \_\_\_\_\_

CASE I.D. \_\_\_\_\_

DISTRICT NUMBER \_\_\_\_\_

AID PROGRAM CATEGORY \_\_\_\_\_

It is now time to review your situation for continued eligibility for:

WORK FIRST FAMILY ASSISTANCE  MEDICAID  FOOD and NUTRITION SERVICES

Please meet me at \_\_\_\_\_

on \_\_\_\_\_ at \_\_\_\_\_

You will need to bring with you the items checked below:

\_\_\_ Proof of Wages, Earnings      \_\_\_ Bank Statements      \_\_\_ Life Insurance Policies

\_\_\_ Proof of Social Security, SSI,  
VA Income      \_\_\_ Unpaid Medical Bills      \_\_\_ Birth Certificate

\_\_\_ Proof of all other money you  
Receive      \_\_\_ Health Insurance/Medicare  
Card      \_\_\_ Social Security Card

\_\_\_ Proof of Rent/House Payment      \_\_\_ Proof of Utility Bills      \_\_\_ Proof of Property  
Taxes/Insurance

\_\_\_ Proof of Immunizations for \_\_\_\_\_

\_\_\_ Name, address, and phone number if available of a person not related to you who is aware of your  
situation

\_\_\_ Proof of Citizenship for \_\_\_\_\_

\_\_\_ Proof of Identity for \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

**If you cannot keep this appointment, please call immediately to arrange another time, IF YOU DO NOT COMPLETE YOUR WORK FIRST FAMILY ASSISTANCE REVIEW, YOUR WORK FIRST AND MEDICAID WILL TERMINATE. MEDICAID MAY CONTINUE FOR YOUR CHILDREN. YOU CAN REAPPLY FOR WORK FIRST AND MEDICAID, HOWEVER, YOU WILL NOT BE ABLE TO GET A WORK FIRST CHECK FOR AT LEAST ONE MONTH.**

Caseworker \_\_\_\_\_

DEPARTMENT OF SOCIAL SERVICES

Phone Number \_\_\_\_\_