

**CHAPTER 11: ATTACHMENT 1 – SAMPLE REDETERMINATION
APPOINTMENT LETTER**

_____ (date) _____

Parent
1234 Alphabet Lane
Any Town, NC 11111

Dear Parent:

This letter is to notify you of an appointment to come to our office on _____ at _____. The purpose of the visit to our office is to determine if you still need help paying for child care. The payment our agency is currently paying to your child care provider will end on _____ unless we can find out if you continue to need help and are eligible.

Please be sure your child care worker knows if you are currently receiving benefits (Food Stamps) from the Food and Nutrition Services program. It may not be necessary for you to bring income information to your appointment.

When you come to the office, please bring the following items that are indicated below. These items are needed in order to determine if you are still eligible.

- Current check stubs from your job or some other form of proof of your earnings, or other types of income such as Social Security, child support, etc.
- Proof of income for other household members, such as your spouse or your child's parent
- Your grades and school schedule if you are in school
- Other _____

If you cannot keep the appointment, it is important that you call me at _____ by _____ so that we can set up another time or you can provide the required information by phone. If I do not hear from you prior to _____, the payment to your child care provider will end on that date. That means you will have to pay the child care provider the full amount she charges for child care your child receives after that date.

I look forward to seeing you on the _____. Please call if you have questions.

Sincerely,

Child Care Worker

cc: Child Care Provider