FOOD STAMP RECERTIFICATION APPOINTMENT LETTER

	DATE

CASE NAME

MAILING ADDRESS	CITY	STATE	ZIP CODE

You were notified that your food stamp certification period ends on _____ and that you would get an appointment to keep getting your food stamp benefits.

☐ You have a face-to-face food stamp recertification interview appointment on:

APPOINTMENT DATE:	APPOINTMENT TIME:

COUNTY OFFICE NAME

COUNTY OFFICE ADDRESS	CITY	STATE	ZIP CODE

☐ You have been scheduled for a telephone interview on _____ at _____ : _____ am/pm.

If you prefer to be interviewed in person, please call your worker for an appointment.

Worker's Name: _____ Worker's Phone Number: _____

☐ Complete your quarterly report form (QR 7) by the 11th day of the month in which it is due. We will need it to complete your recertification for benefits.

IMPORTANT REMINDERS

- Failure to complete this interview may result in a delay or may stop your food stamp 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.