

Case Name: _____

NOTICE: C021

Case Number: _____ Mailing Address: _____

TITLE: PHONE RECERTIFICATION APPOINTMENT NOTICE _____

DEAR _____:

IT IS TIME FOR YOUR SNAP (FORMERLY KNOWN AS THE FOOD STAMP PROGRAM)
CASE TO BE REVIEWED TO SEE IF YOU ARE STILL ELIGIBLE FOR BENEFITS.
YOUR INTERVIEW FOR THIS REVIEW WILL BE COMPLETED OVER THE TELEPHONE.
YOU WILL NOT NEED TO COME TO THE DSS OFFICE. IF YOU HAVE PROVIDED
THE NAME OF AN AUTHORIZED REPRESENTATIVE TO YOUR CASEWORKER, THAT
AUTHORIZED REPRESENTATIVE MAY COMPLETE THE TELEPHONE INTERVIEW FOR
YOU.

YOU MUST CONTACT THE OFFICE TO SCHEDULE A FACE-TO-FACE INTERVIEW IF
YOU:

- DO NOT HAVE A PHONE, A PHONE IN SERVICE, OR ACCESS TO A PHONE
TO USE FOR THE INTERVIEW, OR
- IF YOU ARE UNABLE TO COMPLETE A PHONE INTERVIEW.

YOU HAVE BEEN SCHEDULED A PHONE INTERVIEW WITH _____
ON _____ BETWEEN _____ AND _____. YOUR
CASEWORKER WILL CALL _____. THIS IS THE PHONE NUMBER LISTED IN
YOUR DSS FILE WHERE YOU CAN BE REACHED. IT IS YOUR RESPONSIBILITY TO
MAKE SURE WE HAVE YOUR CORRECT PHONE NUMBER. IF YOU CANNOT COMPLETE
THIS INTERVIEW, PLEASE CALL _____ RIGHT AWAY TO
RESCHEDULE.

FAILURE TO COMPLETE AN INTERVIEW MAY CAUSE YOUR BENEFITS TO BE DELAYED
OR STOPPED. IF YOU HAVE ANY QUESTIONS, OR NEED TO CONTACT YOUR DSS
OFFICE REGARDING THIS NOTICE, CALL _____.