

North Carolina Department of Health and Human Services
DIVISION OF SOCIAL SERVICES
APPOINTMENT NOTICE
Notice of Expiration

Name: _____
Address: _____

Date: _____
County Case Number: _____

Dear: _____

We're writing to tell you that your household will not get food assistance after _____ unless a member of your household completes a recertification (and is interviewed again).

Call in for your interview at/between _____ on _____.
The phone number to call for your interview is _____.

We have set your telephone interview for _____ on _____. We will call you.

Come to the Food Assistance Office at/between _____ on _____ for your interview.

Other _____

Please provide verification of any of the following that apply:

Wages, Earnings	Bank Statements	Social Security, SSI, VA Income
All other money you receive	Property Taxes / Insurance	Rent/House Payment
Utility Bills	Daycare paid	Child Support paid / received
Other _____		

Your recertification must be filed by _____ and you must be interviewed in order to keep getting food assistance benefits. If we receive your recertification form after that date, your benefits may be late. If your age, health, working hours or other reasons make it impossible for you to come in for the interview, and you are unable to find someone to come in for you, call us at _____ and we will make other arrangements for your interview.

If you can't mail or bring in the Recertification Form, someone else can do it for you.

- It is important that the steps in the recertification process be followed in order for your household to continue getting benefits with no interruption.
- If you miss your appointment, you are responsible for getting in touch with your worker to set another appointment.
- Failure to comply with all the requirements may result in your benefits being late.
- If you wait until next month to be recertified, your benefits will be prorated. (you will get less than a full month's benefits)
- You must furnish all necessary information or request assistance from your worker if you are not able to get everything that is needed.

At the time of your interview, you will be given at least 10 days to provide verification. When you complete the verification process, you will receive a separate notice explaining your food assistance benefits and your right to request a fair hearing. If you do not agree with the decision made on your case, follow the instructions on the notice to request a hearing.

Worker: _____ Worker's phone # _____

Al reverso se encuentra este formulario en español.

"In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion and political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers."