## **CALFRESH INITIAL ON-DEMAND APPOINTMENT LETTER**

•	•	Date Case Number Case Name Worker Name Worker Number Worker Telephone Address	: : : : :		
	•				
Your CalFresh application process must be co	ompleted by	MM/DD/CCYY			
You need an interview to complete the CalF interview.	resh application pr	ocess. This is your ap	opointment lett	er for an on-demand	
☐ You have a CalFresh initial on-demand please call the county at the number about the num	•		to be inter	viewed in person,	
To conduct the on-demand telephone interview	w, you must call th	e county between		and	
at: het	ween	and		DATE Monday through Friday.	
at: bet	TIME	TIN	ЛЕ	lady in odgi i riddy.	
You must call the county during the county's your on-demand interview. County staff is a interview within the two week window perio complete a face-to-face interview.	ailable to take you	r call. If you do not co	omplete your o	n-demand telephone	
☐ You have a scheduled CalFresh face-to-face office at:	e interview. To con	nduct the face-to-face i	nterview, you r	nust go to the County	
APPOINTMENT DATE:	APP	OINTMENT TIME:			
COUNTY OFFICE NAME:					
COUNTY OFFICE ADDRESS	CITY:		STATE:	ZIP CODE:	

## **IMPORTANT REMINDERS**

- Failure to complete this interview may result in a delay of benefits or denial of your application for CalFresh benefits.
- If you do not complete your interview within the timeframe listed in this letter, it is your responsibility to reschedule it.
- To change your appointment, please contact the county.
- Required verification must be turned in within 10 days of the county asking for it.
- Please tell the county if you need help getting this information. The county can help you get it.
- If you fail to complete your interview within 30 days from your application's filing date, you will receive a denial notice and you will need to reapply.

## **COMMENTS:**