

**END OF WELFARE-TO-WORK 24-MONTH TIME CLOCK REVIEW
APPOINTMENT LETTER**

NAME _____

DATE _____

CASE NUMBER _____

You are scheduled for an appointment on _____ at _____
(date) (time)at _____
(address)

The purpose of this appointment is to review your Welfare-to-Work 24-Month Time Clock and to adjust your Welfare-to-Work plan to include activities that meet CalWORKs federal standards. This is a requirement you must meet after you have used all of your Welfare-to-Work 24-Month Time Clock.

This appointment is **very** important.

If you cannot attend this appointment, please call your Welfare-to-Work worker, _____, at (_____) _____ to schedule your appointment for another date. If your worker is not available, please leave a message before the appointment date and he or she will return your call.

IMPORTANT REMINDERS

- Cash aid may be lowered if this appointment is not kept.
- If you do not keep the scheduled appointment, it is your responsibility to reschedule it before the appointment date provided in this letter.
- To change your appointment, please contact your Welfare-to-Work worker.
- You may be eligible for a Welfare-to-Work extension; an extension request form is included.