

Office
St. address, city, state, zip
999.999.9999 *phone* * 999.999.9999 *fax*
www.wrksolutions.com

Date

Title Fname Lname
Any Street
City, State Zip



***Supplemental Nutrition Assistance
Your Immediate Attention Required
First and Final Notice***

Dear Title Lname:

We understand that you are receiving Supplemental Nutrition Assistance and are looking for work! Workforce Solutions is ready to help you get a job, keep a job, or get a better job.

Why are we contacting you?

In order to keep your Supplemental Nutrition Assistance benefits, **you must come to Workforce Solutions by** no later than **[staff enter date 7 calendar days from the letter date]**. If we don't hear from you by this date, we will notify HHSC, and HHSC will stop your benefits.

When you come, please let us know that you are responding to this letter. We will talk briefly about your work search requirements and then help you look for work. We will count the day you come to the office as your first day of job search.

You may go to any Workforce Solutions office. The office nearest you is **[office name, address/city/state/telephone number]**. We're open Monday through Friday, 8:00 a.m. to 5:00 p.m.

What can we offer you?

- Direct referrals to jobs that meet your qualifications;
- Information about the best jobs in our area;
- Financial assistance to help you look for work, go to school, or go to work.

If you are already working or for some other reason cannot attend, please contact me at xxx.xxx.xxxx, ext. xxx. If you leave a message, please leave me a telephone number so I can reach you if necessary.

This is the only notice we will send you. We look forward to seeing you as soon as possible!

Sincerely,

Name, Title
Office name, address/city/state
Staff email@wrksolutions.com