

Office
St. address, city, state, zip
999.999.9999 phone * 999.999.9999 fax
www.theworksource.org

Date



Title Fname Lname
Any Street
City, State Zip

Dear Title Lname:

As we told you at the orientation to Workforce Solutions, you must work with us to get a job to continue receiving food stamps.

In a short time you must accept a community service job to earn your food stamps.

If you have already gone to work and have not yet notified our office, please call me at xxx.xxx.xxxx ext. xxx.

If you have not yet found work, please call me to schedule an appointment or come into our office anytime Monday through Friday, 8am to 5pm, but by no later than _____ [date= Friday of 4th week of work search]. My telephone number again is **xxx.xxx.xxxx ext. xxx**

If we have not heard from you by _____ [same date], we will have to impose a penalty that ends your food stamp benefits.
You will also lose all financial aid from Workforce Solutions such as transportation and other work related expenses.

We are committed to helping you find the best job possible now. We look forward to hearing from you.

Sincerely,

Name, Title
xxx-xxx.xxxx ext. _____ (same as above)

Send Monday or Tuesday of the third week of job search

VII.I.6.A. Notice of requirement to enter workfare-FSE&T – revised 4-7-06