

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 TANF assistance.

In a short time you must accept a community service job or begin another activity to earn your TANF benefits.

You may continue to receive TANF benefits for a time while you are working if you let us know you have a job. 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 4<sup>th</sup> 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 TANF benefits including Medicaid. You will also lose all financial aid from Workforce Solutions such as child care 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

Basic Service Standard and Guideline

Attachment VI.I.6. Notice of requirement to enter new activity – TANF – revised 4-7-06