North Carolina Department of Health and Human Services DIVISION OF SOCIAL SERVICES APPOINTMENT NOTICE Notice of Expiration

Name:		Date:		
Address:		County Case Number:		
Dear:				
We're writing to tell you that your household will completes a recertification (and is interviewed again).			_unless a member of your household	
Call in for your interview at/between The phone number to call for your interview is	on			
We have set your telephone interview for	on	We will call y	you.	
Come to the Food Assistance Office at/between	on	for you	r interview.	
Other			_	
Please provide verification of any of the following that	at apply:			
Wages, Earnings All other money you receive Utility Bills Other	Bank Statements Property Taxes / Insurance Daycare paid		Social Security, SSI, VA Income Rent/House Payment Child Support paid / received	
Your recertification must be filed by	s may be late. If your age, health, we	orking hours or othe	er reasons make it impossible for you to	
If you can't mail or br	ing in the Recertification Form, so	meone else can do i	it for you.	
It is important that the steps in the recertification proc	cess be followed in order for your ho	usehold to continue	getting benefits with no interruption.	
If you miss your appointment, you are responsible for	getting in touch with your worker to	set another appoint	ement.	
Failure to comply with all the requirements may resul	It in your benefits being late.			
If you wait until next month to be recertified, your be	nefits will be prorated. (you will get	less than a full mon	th's benefits)	
You must furnish all necessary information or reques	t assistance from your worker if you	are not able to get e	verything that is needed.	
At the time of your interview, you will be given at least a separate notice explaining your food assistance beneates, follow the instructions on the notice to request a	efits and your right to request a fair l			
Worker:	Worker's phone #			
Al rev	verso se encuentra este formulario	en español		

"In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion and political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers."