

REQUEST FOR AN APPOINTMENT TO SEE YOUR WORKER

Full Name:

Last 4 of SSN: xxx-xx-

Year of Birth:

If you don't want an appointment, but would like to leave a note for your worker, please use the space below:

Preferred method of contact:

Phone

Phone Number	Home
Phone Number	Cell
Phone Number	Work

Days/hours you can be reached at this number:

Your Eligibility Worker will try to call you a maximum of **three** times.

Mail

Mail: We would need your current complete mailing address

Address 1

Address 2

City & State

ZIP Code

Program(s) relating to your appointment:

TANF (Temporary Assistance for Needy Families)

SNAP (Supplemental Nutrition Assistance Program)

Medicaid

Child Care Assistance

LIHEAP (Low Income Home Energy Program)

Other

Reason for Appointment:

Add a program (requires a completed application)

Reporting a change (all changes must be verified)

Questions:

Are you available anytime for an appointment?

If no, list days & times you would be available for an appointment:

Days and Times

Memo to Caseworker:

The person named below electronically signed and submitted this request on

Name:

Remember: all changes will be verified. Please check to ensure you have completed the form correctly. If so, click on the "**Click Here to Save Form**" button below to save a copy of the form, and then send it as an attachment via email to social.services@gfcounty.org.

If, for some reason, clicking on the email address fails to open your email program, please log into the email account you use, attach the form you saved previously, and then send it to the email address noted in the previous paragraph.