Regional Office Address



Work First New Jersey SAI/BHI

Client Name

Address

Date:

Dear ,

This letter is to advise you of your **missed** SAI/BHI assessment appointment with

CC Name

on date at time via Telehealth.

It is **very important** that you contact us as soon as possible at the phone number below to

reschedule your appointment. Failure to reschedule and attend this appointment will result in the closure of your case with the SAI/BHI.

No assessments are conducted in person; we are conducting all assessment by Zoom or telephone if you do not have access to the internet. Please note that when you call to reschedule this assessment, it may take up to 90 minutes and you should be prepared to be in a quiet and private location.

I look forward to hearing from you soon to reschedule.

Sincerely,

Phone: