Regional Office Address



Work First New Jersey SAI/BHI

Client Name

Address

Date:

Dear Client Name ,

Our records show that you did not complete one or more of your scheduled SAI/BHI assessments that were requested by the \_\_\_County Name\_\_\_\_\_\_ County Board of Social Services.

You have 10 business days, until day , date to **make and keep** your SAI/BHI assessment. Please call me at the number below to schedule this important appointment.

If we do not hear from you, your WFNJ SAI/BHI case will be closed on date , and your Caseworker at the {Name of County) County Board of Social Services will be notified.

I look forward to hearing from you soon.

Sincerely,

Work First New Jersey SAI/BHI Phone: