Regional Office Address



Work First New Jersey SAI/BHI

Date:

Dear ,

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

#  on at

at via Telehealth .

Your **new** scheduled assessment will be with Care Coordinator:

#  on at

at via Telehealth .

Please make every effort to be available at the time above in a quiet private location and allow up to two hours to complete the assessment. If you wish to be scheduled for an earlier appointment or have any questions, please call the number below.

Sincerely,

Phone: