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:

# CC Name on Date at Time

at via Telehealth .

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

# CC Name on Date at Time

at via Telehealth .

An email has been sent to you with a link to participate in this appointment via Zoom. If you did not receive the email message or if you would like to schedule an earlier appointment please call the number below.

Please make every effort to be available at the time above and be in a quiet private location and allow up to two hours to complete the assessment. Please contact the number below with any questions.

Sincerely,

Phone: