



State of Alaska
Department of Health & Social Services
Division of Public Assistance

Dear _____:

Your family's eligibility for extended time on Temporary Assistance must be reviewed to decide if you can continue to receive benefits.

A meeting has been scheduled to review your family's situation and decide if there are services that you still need. It is very important for you to attend this meeting. If you are unable to attend, please contact me to provide any information you want to be considered at the meeting.

The meeting will be held on _____ at _____

_____. Please let me know if you can attend.

If you have any questions or concerns, call me at _____.

Sincerely,