

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF SOCIAL SERVICES
P.O. BOX 7988
SAN FRANCISCO, CALIFORNIA 94120

AID SERIAL FBU
30-842194-00 WRKR K342
Mrs. June Altman
1684 Page St.
A.F. Co. ZIP 94117

Date: 0/5/76

- Please TELEPHONE ME AT 558- 5846
 STAY AT HOME
 COME TO MY OFFICE AT
 965 MISSION 1360 MISSION 1680 MISSION 150 OTIS _____

telephoneme by 1/12/76
on _____ between 8:00-5:00, regarding or your AFDC

case will be discontinued effective 1/31/76 and you will
receive no further money.

Your eligibility depends on having in your possession, at the time of the above appointment, the documents checked below.

- RECEIPTS FOR RENT AND UTILITIES OR, IF YOU OWN YOUR HOME, YOUR MORTGAGE PAYMENT BOOK, PROPERTY TAX RECEIPTS AND FIRE INSURANCE POLICIES.
- BANK BOOKS FOR ALL YOUR ACCOUNTS, LIFE AND HEALTH INSURANCE POLICIES, STOCK CERTIFICATES AND SAVINGS BONDS YOU OWN OR CARRY.
- CURRENT VEHICLE REGISTRATION AND PAYMENT BOOKS FOR EVERY VEHICLE YOU OWN.
- PROOF OF INCOME FOR THE LAST THREE MONTHS (SUCH AS WAGE STUBS, SOCIAL SECURITY AND VETERAN'S BENEFIT AWARD LETTERS, ETC.)
- YOUR "YELLOW" REGISTRATION CARD FROM THE EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD).
- RECEIPTS FOR ANY MEDICAL/DENTAL BILLS (INCLUDING HEALTH INSURANCE) PAID DURING THE LAST 3 MONTHS.
- LETTER FROM THE STUDENT FINANCIAL AID OFFICE INDICATING:
 1. YEAR OF STUDY AND NUMBER OF UNITS;
 2. COST OF TUITION, EQUIPMENT, BOOKS AND SUPPLIES;
 3. AMOUNT AND TYPES OF GRANTS, SCHOLARSHIPS AND STUDENT LOANS INDICATING PERIOD COVERED;
 4. VERIFICATION OF G.I. BILL INCOME, IF ANY
- ALL ADULTS IN YOUR HOUSEHOLD MUST BE PRESENT FOR OUR APPOINTMENT.
- _____

Appointments cannot be rescheduled except for dire emergencies. In such an emergency, please phone me at 558- _____ between the hours of _____.

Sincerely,
DEPARTMENT OF SOCIAL SERVICES

J. Perkill
22-5-0

ORIGINAL -- TO CLIENT
RECORD TO DSS 652

DSS 618A (12/74) APPOINTMENT REQUEST (ELIGIBILITY)