



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

WV WORKS Non-Recipient Appointment Letter

Date: _____

Case Number: _____

Case Name: _____

Address _____

City, State, Zip Code: _____

Dear WV WORKS Parent:

Your family is receiving WV WORKS cash assistance. Due to changes in program eligibility requirements and because you are the parent or step-parent of a child receiving benefits, you are now required to complete a Personal Responsibility Contract (PRC), WV WORKS Orientation, and be assigned to a work activity.

An appointment has been scheduled for you on _____ to complete these requirements. If you fail to keep this appointment, your family will no longer be eligible to receive WV WORKS benefits and your WV WORKS case will be closed.

If you have any questions, please contact your WV WORKS Worker.

Worker's Name: _____

Office Address: _____

City, State, Zip Code: _____

Office Phone: _____