



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
NORTHEAST EMPLOYMENT SERVICES
4370 54TH STREET
SAN DIEGO • CA • 92115
(619) 229-3423 • FAX (619) 229-4300

Date

Ms. Participant
123 Success Road
San Diego, CA 92115

RE: Case Number: XXXXXX

Dear Ms. Participant;

DID YOU KNOW
You can earn more money **WITHOUT** lowering your grant?
If you are already working, you may be eligible for **\$200**.
Can you use an extra **139** per month?

I would like to work with you to establish a Welfare-to-Work plan that allows *you* to take advantage of the benefits and services offered by our program. As an active participant, you will be eligible to receive supportive services such as, child care assistance, money for transportation, and assistance with work related items. You are also eligible for resources such as job training and counseling.

I've taken the opportunity to review your file. I have learned that you are receiving a grant amount of _____ with no other sources of income. I am concerned with how you are able to meet your needs. I would like you to take this opportunity to complete the attached Meeting Needs Statement, so I have a better understanding of how you are able to support your family.

I am also interested in why you have allowed your sanction to continue. In most cases, your sanction can be cure in just one appointment. At this appointment we will discuss your goals and you will help me develop your plan for success.

I encourage you to call me to schedule an appointment as soon as possible. If I do not hear from you, I will take the time to make a home call. I would like to help you succeed, earn more money, and become self sufficient.

Lisa Purser
Social Worker, Employment Services
619.229.4337
619.229-4300 fax



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9/10/2007

Ms. Participant
123 Success Road
San Diego, CA 92115

RE: Case Number: XXXXXX

Dear Ms. Participant;

DID YOU KNOW

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Can you use an extra **139** per month?

I would like to work with you to establish a Welfare-to-Work plan that allows *you* to take advantage of the benefits and services offered by our program. As an active participant, you will be eligible to receive supportive services such as, child care assistance, money for transportation, and assistance with work related items. You are also eligible for resources such as job training and counseling.

I've taken the opportunity to review your file. I have learned that you are working and earning **\$275** and also receive a grant of **\$559** per month. I am interested in why you have allowed your sanction to continue. **In most cases, your sanction can be cured with just one appointment.** I understand it may be difficult for you to take time off for this appointment and I am willing to meet at time and site more convenient for you. I have included an employment verification form to be completed by your employer to expedite the curing of your sanction.

I encourage you to call me to schedule an appointment as soon as possible. If I do not hear from you, I will take the time to make a home call. I would like to help you succeed, earn more money, and become self sufficient.

Lisa Purser
Social Worker, Employment Services
619.229.4337
619.229-4300 fax



County of San Diego
Health and Human Services Agency
4370 54th Street
San Diego, CA 92115
Lisa.purser@sdcounty.ca.gov

Phone: 619.229.4337
Fax: 619.229.4300
Email: lisa.purser@sdcounty.ca.gov

Date _____

Mrs. Participant
123 Success Road
San Diego, CA 92115

RE: Case Number: XXXXXX

Dear Mrs. Participant;

Please complete the information listed below and return to me by _____. I will be scheduling an appointment for you, to cure your sanction. Please contact me at 619.229.4337 if you have any questions. I look forward to meeting you!

Lisa Purser

To: Lisa Purser 8CD6

From: **Mrs. Participant** Case Number: **XXXXXX**

Cell Phone: _____ Home Phone: _____

Email address: _____

I am looking for work as: _____

My best skills are: _____

I need training or education in the following areas: _____

Best time to be reached: _____

I am would like to meet with you at your office at my home other: _____

PLEASE RETURN BY _____

Date

Mr. Participant
123 Success Road
San Diego, CA 92115

RE: Case Number: XXXXXX

Dear Mr. Participant;

I receive informational flyers on employment, community events and resources daily. I will be sending information to you that I find interesting or useful. Until I get to know you and your family better, I will forward a variety of information. However, I would like to customize the information to your specific needs.

Please detach and complete the information below and return in the envelope provided. I look forward to hearing from you.

To: Lisa Purser 8CD6

From: **Mr. Participant** Case Number: **XXXXXX**

Cell Phone: _____ Home Phone: _____

Email address: _____

I am looking for work as: _____

My best skills are: _____

I need training or education in the following areas: _____

Best time to be reached: _____

I am would like to meet with you at your office at my home other: _____

PLEASE RETURN BY _____