



FOLLOW-UP APPOINTMENT FOR TANF IMPACT

State Form 48894 (R4 / 1-20)

The information contained on this form is **CONFIDENTIAL** according to 470 IAC 1-2-7, 470 IAC 1-3-1, and 470 IAC 6-1-1

Date (month, day, year)
Case number
PID / RID number

Dear _____,

An appointment for an interview for the Indiana Manpower Placement and Comprehensive Training (IMPACT) Program has been scheduled for you on:

Day: _____

Date: _____
(month, day, year)

At: _____ AM PM

This meeting will be held at the following location:

IMPACT Office address or other location

Your IMPACT appointment will consist of:

- 1. A presentation of the IMPACT Program and opportunities that can assist you in becoming self-sufficient.
- 2. An assessment or reassessment of your employment skills and experience.
- 3. Creating your Self-Sufficiency Plan (SSP) or writing a new SSP based on changes.
- 4. A discussion of your IMPACT participation requirements.
- 5. Other activities deemed appropriate at this time: _____

If you fail to keep this appointment **without good cause**, your entire Assistance Group could lose their Temporary Assistance for Needy Families (TANF) benefits. If you are unable to keep this appointment, please contact your IMPACT Case Manager at the telephone number listed below **prior to** the appointment to discuss the reason(s). We look forward to working with you in the IMPACT Program.

IMPACT Case Manager: _____ Telephone number: 1 (800) 403-0864, Option 3