UTOPIA TOWNSHIP GENERAL ASSISTANCE OFFICE

K. Edward Shueler, Supervisor

Phone: (224) 535-8139

Fax: (224) 345-5527

1188 Northwest Highway Palatine, IL 60074

NOTICE OF DETERMINATION OF OBLIGATION TO PARTICIPATE IN COMMUNITY WORK PROGRAM AND NOTICE OF ASSIGNMENT

Е)ate:	6/18	3/201	2	<u></u>				
T	o:	Henry Fries				_			
		85878 West Highland Ave.							
		Lombard, IL 60101				_			
						_			
	[It has been determined that you as Work Program				e required to participate in the Community			
			[[)] x]	Job Search, Training and V Workfare	Nork Program			
			[]	With the following work or	training rest	rictions:		
	Han	dboc	k.		nforms with section(s) 18.02			e's General Assistance	
	SITE: Glendale Oaks Retirement Home 4556 Seventh Ave Addison, IL 60101 PHONE: 630.755.8000			Seventh Ave on, IL 60101	e	REPORT TO: Pat	ricia Dunhurst		
	The	The type of work will be: Kitchen Duties							
	You are required to work a total of <u>20.00</u> hours for benefits received from 6/1/2012 - 6/30/2012. You must contact Patricia Dunhurst at Glendale Oaks Retirement Home located at 4556 Seventh Ave Addison , IL 60101 on 6/27/2012 at 9:45 AM for an interview and to set up your work schedule. Yo must report for any assigned interview appointments and you must report for work at the site listed above ON THE DAYS AND HOURS ASSIGNED TO YOU .								
	Hon	ne kn	ow it	f you	UCTIONS: You must let Uu cannot come in for an inte				
					EP YOUR APPOINTMENT G DAYS MAY RESULT IN				
	Issu	ed B	y: <u>M</u>	r. He	ermann, Caseworker	Da	te: 6/18/2012		

NOTICE ABOUT THE DECISION BY THE GENERAL ASSSISTANCE OFFICE

This decision will be changed if you can show that it is wrong. You may meet with a representative of the General Assistance Office to question this decision. This meeting would be informal and you would have the opportunity to show why this decision is wrong. Whether or not you meet with a representative of the General Assistance Office, you still have the right to appeal the General Assistance Office's decision and be given a fair hearing.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

At any time within 60 calendar days of the date of this Notice you have the right to appeal this decision and be given a fair hearing. Your appeal request must be in writing and filed with the General Assistance Office or the County Public Aid Committee. You may represent yourself at the fair hearing or be represented by a person of your choice, such as a lawyer, relative or friend. The General Assistance Office will provide you with an appeal form and will help you fill it out if you wish.

YOU SHOULD CONTACT THE GENERAL ASSISTANCE OFFICE IMMEDIATELY IF YOU DO NOT UNDERSTAND OR HAVE QUESTIONS ABOUT THIS NOTICE

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY							
Notice Mailed On:							
Notice Given On:							
Notice Given By:	Mr. Hermann, Caseworker						