

## **LETTER OF INVITATION TO THE 60-MONTH REVIEW**

**PURPOSE:** To invite a participant that has been receiving Temporary Assistance 54 months (or less) to the 60-Month review to discuss their family situation before reaching their lifetime limit.

**NUMBER OF COPIES AND DISTRIBUTION:** One copy to be sent to the participant and one copy for the case record. Retain the copy of the form permanently in the case record.

**INSTRUCTIONS FOR COMPLETION:** This form can be typed or legibly handwritten in ink.

**DATE:** Enter the date the letter is mailed.

**INDIVIDUAL DCN:** Enter DCN of the individual invited to the review.

**NUMBER OF MONTHS:** Enter the number of months the individual has received Temporary Assistance from the ITME screen.

**DAY, DATE, AND TIME:** Enter the day of the week, date, and the time of scheduled meeting.

**MAY LAST UNTIL APPROXIMATELY:** Enter an approximate time the meeting will end.

**MEETING WILL BE HELD AT:** Give location of scheduled meeting.

**PLEASE CONTACT YOUR CASE MANGER BY:** Enter the 10<sup>th</sup> calendar day after the scheduled meeting and the case manager's phone number.

**SIGNATURE:** Case manager signs the form.