

# 90-250 APPENDIX G. FORM 11-28 HHSA

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## COUNTY OF SAN DIEGO

Notice Date  
Case Name  
Case Number  
Worker Name  
Worker Number  
Telephone  
Worker Hours  
Address

All General Relief recipients who are not able to work must provide medical evidence.

Your General Relief case, under the Employable with Limitations, Incapacitated, or Interim Assistance Programs, may be discontinued unless you provide a new doctor's statement by \_\_\_\_\_.

If you are still not able to work and go to a private provider, you must complete the enclosed medical form(s) and contact your provider for an appointment to have the form(s) completed. The County will not pay for this appointment. A CMS provider will not complete it. The completed form(s) must be returned to your by \_\_\_\_\_.

If you want the County to schedule an appointment for you at no cost to you, you must contact your worker by \_\_\_\_\_.

If you are now employable and wish to continue receiving General Relief, contact your worker immediately to set an appointment to convert your case to the General Relief Employable Program.

If you have any questions, call your worker at the number listed above.

11-28 DSS (4/96) Notice of Required Medical Verification

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