

**PLEASE COMPLETE AND RETURN THIS FORM TO ME**

**Interview Confirmation**

Claim Number:  
Beneficiary:

1. I/We will be available for your visit as scheduled.

YES

NO

If NO, please phone me as soon as possible to set a better time.

2. My telephone number is: (\_\_\_\_\_)\_\_\_\_\_.

3. My address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE USE THE BACK OF THE FORM TO GIVE DIRECTIONS TO YOUR HOME.**