

# Change in Circumstance Notification

Recipient Name

Recipient Address

City, State, Zip Code

Date: [Insert Date]

Dear [Recipient's Name],

I am writing to inform you of a change in my circumstances that may affect my eligibility for the hearing aid assistance program. Recently, [briefly describe the change, e.g., "I have experienced a change in income", "my medical diagnosis has changed", etc.].

Due to this change, I believe it is important to reassess my eligibility for the program. I have attached the necessary documentation to support my claim, including [list any relevant documents, e.g., "proof of income", "medical records", etc.].

I appreciate your attention to this matter and look forward to your guidance on the next steps I should take to continue receiving assistance.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]