

Client Assistance Adjustment Notice

Date: [Insert Date]

[Client's Name]

[Client's Address]

[City, State, Zip Code]

Subject: Adjustment of Client Assistance

Dear [Client's Name],

We hope this message finds you well. We are writing to inform you about an adjustment regarding your current assistance benefits from our agency.

After reviewing your case, we have made some updates to your assistance package, effective [Insert Effective Date]. The changes include:

- Adjustment Type: [Insert Type]
- New Benefit Amount: [Insert Amount]
- Effective Date: [Insert Date]

These adjustments have been made based on [brief explanation of the reason for adjustment, e.g., income changes, family size changes, etc.].

If you have any questions or would like to appeal this decision, please do not hesitate to contact our office at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Social Service Agency Name]