

Eligibility Approval Letter

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that your application for services through [Agency Name] has been approved. After a thorough review of your application and supporting documents, we have determined that you meet the eligibility criteria for our programs.

Your eligibility grants you access to the following services:

- [Service 1]
- [Service 2]
- [Service 3]

Please note that your eligibility is valid until [insert expiration date]. To maintain your eligibility, ensure that you comply with any required follow-up documentation or updates.

If you have any questions or need further assistance, please do not hesitate to contact us at [Agency Phone Number] or [Agency Email]. We are here to help you.

Thank you for choosing [Agency Name]. We look forward to working with you.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]

[Agency Address]

[City, State, Zip Code]