

Social Service Agency

Date: [Insert Date]

To Whom It May Concern,

This letter serves to validate that [Client's Full Name], residing at [Client's Address], has been receiving aid from our agency since [Start Date]. The assistance provided includes [briefly describe services, e.g. financial support, food assistance, counseling services].

As of this date, [Client's Full Name] is still an active participant in our program and continues to meet the eligibility criteria for our assistance.

If you require any further information or verification, please do not hesitate to contact our office at [Office Phone Number] or [Office Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]

[Agency Address]

[Agency Phone Number]

[Agency Email Address]