

[Your Agency Name]

[Agency Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Client's Name]

[Client's Address]

[City, State, Zip Code]

Dear [Client's Name],

Eligibility Determination Letter

We appreciate your application for services with [Your Agency Name]. After a careful review of the information you provided, we have determined your eligibility for assistance.

Eligibility Status: You have been found eligible for [specific services/program].

Eligibility Criteria:

- Criterion 1: [Description]
- Criterion 2: [Description]
- Criterion 3: [Description]

As a next step, please contact us at [Phone Number] or [Email Address] to schedule an appointment or to discuss any further questions you may have.

Thank you for your interest in our services.

Sincerely,

[Your Name]

[Your Title]

[Your Agency Name]