

Social Service Agency

Date: [Insert Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to inform you about a recent adjustment to your assistance benefits. After a thorough review of your case, we have made changes effective [Insert Effective Date].

Your new benefit amount will be [Insert New Amount], which reflects [brief explanation of reasons for adjustment, e.g., change in income, household composition, etc.].

If you have any questions or need further clarification regarding this change, please do not hesitate to contact us at [Insert Phone Number] or [Insert Email Address]. We are here to help you navigate this transition.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

Social Service Agency

[Agency Phone Number]

[Agency Address]