

# Social Service Agency

Date: [Date]

To: [Client Name]

[Client Address]

City, State, Zip Code

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## Subject: Assistance Eligibility Assessment

Dear [Client Name],

Thank you for reaching out to [Social Service Agency Name] for assistance. We have conducted an eligibility assessment based on the information you provided.

As part of the assessment process, we review various factors, including income, family size, and specific needs. Based on our evaluation, we are pleased to inform you that:

- Income has been reviewed and confirmed.
- Family size has been taken into account.
- Specific needs have been documented.

Our findings indicate that you qualify for the following assistance programs:

- [Program 1 Name]
- [Program 2 Name]
- [Program 3 Name]

Please be advised that we require additional documentation to finalize your application. We kindly ask you to provide the following:

- [Document 1]
- [Document 2]

Once we receive the necessary documents, we will process your application promptly. Should you have any questions or need further assistance, do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for considering [Social Service Agency Name] for your assistance needs.

Sincerely,

[Your Name]

[Your Title]

[Social Service Agency Name]

[Agency Phone Number]

[Agency Address]