

Social Service Agency

Date: [Insert Date]

Dear [Recipient's Name],

We hope this message finds you well. This is a reminder that your assistance with [Program/Service Name] will be expiring on [Expiration Date]. To ensure continued support, please complete the renewal process by [Renewal Deadline].

To renew your assistance, please provide the following documents:

- [Document 1]
- [Document 2]
- [Document 3]

You can submit your documents via [Submission Method, e.g., email, mail, in-person]. If you have any questions or need assistance with the renewal process, feel free to contact us at [Agency Phone Number] or [Agency Email Address].

Thank you for your attention to this matter. We look forward to continuing to support you.

Sincerely,

[Your Name]

[Your Title]

[Social Service Agency Name]

[Agency Phone Number]

[Agency Email Address]