

# Social Service Agency

Date: [Insert Date]

Applicant Name: [Insert Applicant Name]

Address: [Insert Applicant Address]

Dear [Insert Applicant Name],

Thank you for your application for assistance with [insert specific service or program name] at our agency. We appreciate your willingness to reach out for support and your interest in our services.

After thorough consideration, we regret to inform you that your application for assistance has not been approved at this time. The decision was based on [insert brief reason for non-approval, maintaining confidentiality if necessary].

Please understand that this decision does not reflect your worth or value, and we encourage you to seek other resources that may be available to you. Our agency may also have alternative programs that could meet your needs, and we would be happy to discuss those with you.

If you have any questions or would like further clarification regarding this decision, please feel free to contact us at [insert agency contact information]. We are here to help.

Thank you for your understanding.

Sincerely,

[Insert Name]

[Insert Title]

Social Service Agency