

Eligibility Criteria for Social Service Agency Programs

Date: [Insert Date]

To Whom It May Concern,

This letter is to inform you about the eligibility criteria for participation in the programs offered by [Social Service Agency Name]. We are committed to serving our community by providing various services aimed at enhancing the lives of individuals and families in need.

Eligibility Criteria

- **Age:** Participants must be between [insert age range].
- **Residency:** Applicants must reside in [insert service area].
- **Income:** Household income must be at or below [insert income threshold].
- **Referrals:** Participants must provide a referral from [insert referral source].
- **Additional Requirements:** [List any additional requirements].

If you believe you meet these criteria and would like to participate in our programs, please do not hesitate to contact us at [insert contact information]. We look forward to assisting you.

Sincerely,

[Your Name]

[Your Title]

[Social Service Agency Name]

[Contact Information]