

Notification of Change in Assistance Requirements

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you about an important change regarding your legally blind assistance requirements.

Effective [Insert Effective Date], your assistance requirements will be modified as follows:

- [Detail of the first change]
- [Detail of the second change]
- [Detail of additional changes as necessary]

If you have any questions or require further clarification regarding these changes, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]