

Date

Title Fname Lname

Any Street

City, State Zip

Dear Title Lname:

**Workforce Solutions now has funds available for your child care financial aid**.

If you still need this financial assistance, please let us know right away! You may call us at **[insert number]** or simply let us know by completing, signing and returning the form at the bottom of this letter and the attached Parent Agreement.

The Parent Agreement asks you if any of the information you gave us previously has changed. If you tell us your information has changed, a Customer Service Representative may call and ask you to send us some documents.

If your information is not different from what you gave us when you applied, the Customer Service Representative will call to tell you when arrangements are in place with your chosen provider for financial aid to begin.

If we do not hear from you by [enter date 10 business days from letter date] we will release your child care financial aid to another family and you will have to reapply.

Please contact us today!

Workforce Solutions-\_\_\_\_\_\_\_\_\_\_\_(**insert office name**)

 **Monday through Friday, (insert time)**

 **Telephone Number**

 **Fax Number**

 **Email contact**

Sincerely,

Name, Title



My Name:

Telephone number:

Email address:

Names of Children needing child care supported by Workforce Solutions:

Name of child care provider:

Provider address:

Provider telephone number: