

Office
St. address, city, state, zip
999.999.9999 phone * 999.999.9999 fax
www.wrksolutions.com

Date



Title Fname Lname
Address
City, State Zip

Dear **Title Lname:**,

Workforce Solutions child care financial aid has been arranged with the provider you chose. Your portion of the payment for care is \$_____ a month, effective on [date]. You are responsible for paying this amount directly to your child's care provider.

If you decide that you would like to make a change in your child care arrangements, call Workforce Solutions financial aid office at 1-888-469-5627, listen for and select the option for financial aid, including child care.

Please call me at the number below if you have questions.

Sincerely,

Name
Title
Workforce Solutions office name and address
Telephone number and extension