

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

Identifying Number_____

Dear **Title Lname:**,

Some information that we use to assess your family's eligibility for child care financial aid appears to be incorrect. Please contact us immediately at the number below and help us get the correct information!

In order to continue providing you financial aid, we must have accurate information about you and your family at our offices **no later than [enter date and time 15 days from letter date]**.

If you do not provide the information for which we've asked by the deadline above, we will stop paying your child care financial aid.

Please call us at the telephone number shown below immediately! Thank you.

Sincerely,

Name
Title
Telephone number and extension