

Office
Street Address, City, ZIP
999.999.9999 phone * 999.999.9999 fax
www.wrksolutions.com

Date



Title Fname Lname
Address
City, State Zip

Dear **Title Lname**:

Our records show that your child, **[Child's Name]**, will exceed the age limit for our child care financial aid on **[enter birth date]**.

Workforce Solutions' financial aid does not support a child who has exceeded our limits which are 13 years of age or 19 years of age for a child with a documented disability.

We will stop paying child care financial aid on the day before your child's next birthday.

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

Sincerely,

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