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Date

Title Fname Lname

Any Street

City, State Zip

Dear Title Lname:

We understand you are no longer working or in school. Workforce Solutions will continue to provide you child care financial aid for four weeks while you look for work. This financial aid will end on \_\_\_\_\_\_\_\_\_\_[enter date four weeks from date work stopped] unless you contact us to let us know you have returned to work or school.

You have fifteen 15 days from the date on this letter to appeal the decision to stop your financial aid if you are not working or going to school in four weeks.

Our Employment Counselors are available to help you with your job search. The office nearest you is **[office name, address/city/state/telephone number].**  We’re open Monday through Friday, 8:00 a.m. to 5:00 p.m.

**What can we offer you?**

* Direct referrals to jobs that meet your qualifications;
* Information about the best jobs in our area;
* Financial assistance to help you look for work, go to school, or go to work.

When you come, please let us know you are responding to this letter. We wish you good luck with your job search and hope you will allow us to help.

My contact information is below; please contact me if you have questions.

Sincerely,

Name,

Title

phone number with extension, email, fax

Workforce Solutions is an equal opportunity employer/program.

Auxiliary aids and services are available upon request to individuals with disabilities.

Texas Relay Numbers: 1-800-735-2989 (TDD) 1-800-735-2988 (Voice) or 711