**[Insert Provider Agency Name]**

Click here to enter a date.

Dear Click here to enter text.

This letter is to remind you that the financial assistance you have received as a participant of the Rapid Rehousing program will end effective Click here to enter a date.. You will be responsible for all rent due after this date. This determination was made due to the following factor:

Choose an item.

Although financial assistance is ending, you are still eligible to receive up to 3 months of follow-up case management services starting on Click here to enter a date.. Follow-up case management is a light-touch check-in from your case manager intended to maintain housing stability and does not include any further financial assistance.

If you are interested in receiving follow-up case management, please notify your case manager by Click here to enter a date.. Lack of notification by this date will be considered declining follow-up case management services and your case will be closed.

You have the right to appeal this determination by following the process below:

[Insert Grievance/appeal policy details here]

Thank you for participating in our program. Your feedback is important to us. Please use <https://forms.gle/JDdDNAhhK7k6HbPn9> to access a confidential survey to share your experience. It has been a pleasure providing you with the tools to achieve your goals. If you have any questions about this letter, please feel free to contact me.

Sincerely,

[Insert case manager name]

[Insert case manager contact information]