Mailing Date: Click or tap to enter a date.

Enter Client Name

Enter Street Address

Enter City, State, and Zip Code

Dear Enter Client Name:

Thank you for the opportunity to work with you on your benefit-related issues. I closed your case because:

 [ ]  We completed the application, forms, or other documents we agreed to work on.

 [ ]  You were awarded benefits.

 [ ]  You were not awarded benefits and you decided not to appeal.

 [ ]  You were not awarded benefits and I cannot help you appeal that decision.

 [ ]  You have been referred to enter who client is being referred to for enter reason for referral.

 [ ]  I am unable to reach you by phone, email, and/or letter.

 [ ]  You moved and your new address is not in the area that I serve.

 [ ]  Other: Enter reason here.

Contact us if you need help with your benefits in the future. You can call the enter Agency Name at enter phone number here (include email address, if applicable).

Sincerely,

Enter DBS Specialist Name here

Disability Benefit Specialist

[ ]  I sent a copy of this letter to your legal guardian.

[ ]  I sent these resources with this letter: enter information about resources sent with this letter