**[Logo]**

**[Date]**

Dear **[Participant Name]:**

We are excited to welcome you to SULA, a CalFresh Employment & Training Program. You are enrolled into SULA effective **[insert SULA effective date].** As a SULA participant you are eligible to receive the following:

* **[List supportive services]** as funding allows
* Case management
* **[List services]**

Please note that to be eligible for SULA you must remain on CalFresh. We will check your eligibility for CalFresh monthly.Should you become ineligible in any given month we will notify you and assist you in any way that we can. Further, it is important that you meet the minimum participation requirements. You can do this by:

* **[List any minimum participation requirements]**

SULA is a voluntary program and your CalFresh benefits will not be impacted if you do not participate.

Your next step is **[provide information on next steps].**

If you have any questions, please contact **[insert contact information].**

We look forward to working with you.

Sincerely,

**[Insert signature block]**