**[Logo]**

**[Date]**

Dear **[Client Name]:**

I regret to inform you that we are unable to **[continue to]** offer you services through SULA. Individuals are only eligible for SULA if they are:

* A Los Angeles County resident
* Enrolled in the federal CalFresh program
* Not receiving benefits from CalWORKs
* Determined likely to be ready to work following completion of the program
* **[insert your eligibility requirements]**
* **[insert any minimum participation requirements]**

The requirement(s) associated with your ineligibility or discontinuation from the program are written below:

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Ineligibility or discontinuation from the program does not prevent future eligibility and it is encouraged that you re-apply to SULA at the next available opportunity if your circumstances change.

If you have any questions or concerns about your eligibility for SULA, please contact **[Staff Name]** at [**XXX-XXX-XXXX].**

Sincerely,