

INELIGIBLE FOR FIRST STEPS

**[Insert HOH Name]
[Insert HOH Address]
[Insert HOH City, State, Zip]**

**RE: [Insert Child's name]
DOB: [Insert Child's DOB]**

DATE: [Insert Today's Date]

Dear [Insert HOH First Name],



Thank you for the opportunity to share information about First Steps with you and your family. It has been determined at this time **[Insert Child's name]** does not meet the eligibility criteria for the First Steps program. I have included a copy of the First Steps eligibility criteria and a Notice of Action.

It was a pleasure to meeting you and your family. If you have questions or future concerns, please call our office toll-free at **1-866-583-2392**.

Sincerely,

[INSERT SC NAME]
Service Coordinator

Enclosure: Eligibility Criteria
 Notice of Action
 Parental Rights Statement