

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Department of Children and Families]
[Office Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally apply for the DCF benefits as I believe that my current circumstances meet the eligibility requirements.

****Personal Information****

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Case Number (if applicable): [Your Case Number]

****Reason for Application****

I am seeking assistance due to [briefly explain your situation, e.g., financial hardship, recent job loss, medical issues, etc.].

****Supporting Information****

- [List any relevant documents you are including, e.g., pay stubs, medical records, bank statements, etc.]

- [Mention any previous assistance received, if applicable.]

I believe that the support provided by DCF will significantly aid in alleviating my current burdens and enabling me to [state how the benefits will help you, e.g., provide for my children, seek further employment, etc.].

Thank you for considering my application. I look forward to your response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]