

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

[Recipient Name]
[Recipient Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a determination of my eligibility for the Federal Nutritional Assistance Program (FNCS). My circumstances have necessitated this request, and I would appreciate your assistance in evaluating my situation.

I am a [briefly describe your current situation, e.g., unemployed, low-income, etc.], and I believe I meet the necessary requirements for assistance based on [mention relevant criteria, e.g., household income, number of dependents, etc.].

Attached, please find the required documents to support my application, including [list documents such as income statements, identification, etc.]. I hope this information will provide clarity regarding my eligibility.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]