OLDER AMERICANS ACT TITLE III
FEDERAL COST SHARE INITIAL NOTIFICATION

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Dear _____:

You have been approved for _____ services. Based on the WV Bureau of Senior Services Federal Cost Share Opportunity Program and upon your declared income with medical deductions, you may wish to contribute _____ for each hour of services you receive.

This opportunity is not mandatory but does allow for additional services to be provided to other service recipients.

Thank you.

Sincerely,

_____

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