OLDER AMERICANS ACT TITLE III
FEDERAL COST SHARE MONTHLY STATEMENT

_____

_____

_____

_____

Dear _____,

During the month of _____ you received _____ hours of _____ services. At the time of your application you declared your income and monthly medical expenses. Based upon the information you provided your federal cost share is approximately _____ per hour of service.

If you choose to share in the cost of your services, you may take this opportunity to contribute _____ for the month of _____.

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

Sincerely,

_____

_____