

HHS Tracking Number
5555555555

Ms. Susie Doe
c/o Community Service Office
Department of Social Services
555 Main St.
Everytown, WA 55555-5555

Dear Ms. Doe:

This letter confirms that under section 107(b) of the Trafficking Victims Protection Act of 2000, you are eligible for benefits and services under any Federal or State program or activity funded or administered by any Federal agency to the same extent as an individual who is admitted to the United States as a refugee under section 207 of the Immigration and Nationality Act, provided you meet other eligibility criteria. This letter does not confer immigration status.

Your initial eligibility date is _____. The expiration date is _____. *(Please note that due to variations among state rules, your eligibility for benefits may end on a different date than the expiration date).* After the expiration date you will be issued a new letter, provided you continue to qualify under the appropriate provisions of the Trafficking Victims Protection Act of 2000.

You should present this letter when you apply for benefits or services. **Benefit-issuing agencies must call the trafficking verification line at (202) 401-5510 to verify the validity of this document and to inform HHS of the benefits for which you have applied.**

Sincerely,

Carmel Clay-Thompson
Acting Director
Office of Refugee Resettlement