

STEPS TO HEALTH ELIGIBILITY CONFIRMATION LETTER

Date: _____

From: _____
Manager/Director

Site name: _____

Address: _____

To: SNAP-Ed Steps to Health
2601 Stinson Drive, Broughton Hall, Room 2220
Raleigh, North Carolina 27607

Dear SNAP-Ed Steps to Health,

We invite the Extension Agent/Associate in _____ County to deliver the Steps to Health _____ Program as outlined in the program curriculum to the individuals at our site.

At least half of the people who are served by this site are receiving or eligible for SNAP benefits.

SINCERELY,

Signature

Title



NC STATE

EXTENSION

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 www.ncstepstohealth.org