



# TERMINATION OF PARTICIPANT HOMEBOUND MEALS

Date	
To:	

The following Homebound Service(s) are being terminated:

Type	Purpose	Provider	Reason(s)	Effective Date

We regret this action is necessary.

To appeal this decision, address your letter to:

YVEDDI  
 P. O. Box 309  
 Boonville, NC 27011  
 Attn: Senior Enrichment Program Director

Submitted by Senior Enrichment Program Coordinator:

cc: Provider(s)  
File