

HHS Tracking Number  
**XXXXXXXXXXXX**  
DOB: XX/XX/XXXX

NAME OF VICTIM  
c/o SERVICE PROVIDER  
AGENCY  
ADDRESS  
CITY, STATE ZIP

**ELIGIBILITY LETTER**

Dear NAME:

This letter confirms that under section 107(b)(1)(A) 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 eligibility date is **DATE**. The benefits outlined in the previous paragraph may offer assistance for only limited time periods that start from the date of this eligibility letter. Therefore, if you wish to seek assistance, it is important that you do so as soon as possible after receipt of this letter.

You should present this letter when you apply for benefits or services. Benefit-issuing agencies must call the toll-free trafficking verification line at 1 (866) 401-5510 in the Office of Refugee Resettlement to verify the validity of this document and to inform HHS of the benefits for which you have applied.

You must notify this office of your current mailing address. Please send a dated and signed letter with any changes of address to: Trafficking Program Specialist, Office of Refugee Resettlement, 8<sup>th</sup> Floor West, 370 L'Enfant Promenade, SW, Washington, DC 20447. We will send all notices to your current mailing address, and any notice mailed to your current mailing address constitutes adequate service. You may also need to share this same information with state and local benefit-issuing agencies.

Sincerely,

Eskinder Negash  
Director  
Office of Refugee Resettlement

cc: State Refugee Coordinator