

**PACT FOR
WEST CENTRAL ILLINOIS
2090 Highway 24
Camp Point, Illinois 62320
217-773-3903
Fax 217-773-3906
www.pactheadstart.com**

To Whom it May Concern,

_____ has applied for enrollment for their child in the PACT Head Start Program. In order to determine eligibility for the program, we need the family's gross earnings for the period of _____ to _____ (within the next two weeks if at all possible). A Release of Information form has been attached.

Thank you for your assistance in this matter.

Sincerely,

Parent & Child Together (PACT) for West Central Illinois