(Insert Date)

(Insert Name of Provider)

(Insert Address line 1)

(Insert Address line 2)

(Insert Address line 3)

Re: (Insert name of client)

Our client, (insert name), has applied for assistance from our program. Included in the services that may be available to our client is housing for persons who are currently homeless (living in shelter, on the street, or a place not meant for human habitation) and have a disability. Many studies have shown that housing can be a significant factor in the ability of individual’s daily living functions, and health status. To determine if our client is eligible for housing services available to homeless persons with a disability, our client needs to have the enclosed form completed.

We ask your cooperation in completing the attached form and returning it as quickly as possible. As the form is being completed on behalf of the above named client who is indigent, we request that any usual fees for the completion of the form be waived. A stamped, self-addressed return envelope is included for your convenience. Your prompt return of this information will help assure timely processing of housing services for our client. Enclosed is the release completed by our client which provides consent for you to release the requested information to us.

Please do not hesitate to call me at (insert telephone number) with any questions or concerns. Thank you for your anticipated assistance in this matter.

Sincerely,

(Insert Name)

(Insert Title)

cc: (insert client name and anyone else being provided a copy)

Enc.: Release of Information Form

Verification of Disability Form