

Inquiry About Addiction Recovery Program Enrollment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Program Coordinator's Name]

[Addiction Recovery Program Name]

[Program Address]

[City, State, Zip Code]

Dear [Program Coordinator's Name],

I hope this message finds you well. I am writing to inquire about the enrollment process for your addiction recovery program. I am interested in learning more about the services you offer and the eligibility requirements for prospective participants.

Could you please provide me with information regarding the following:

- Application procedures
- Program duration and schedule
- Cost and payment options
- Available support services

Thank you for your time and assistance. I look forward to your prompt response.

Sincerely,

[Your Name]