

# Referral for Professional Debt Management Counseling

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally refer [Client's Full Name], who is seeking assistance in managing their financial obligations and overcoming debt challenges. After assessing their current situation, I believe that professional debt management counseling is essential for them.

[Client's First Name] has been struggling with various debts including [briefly list types of debts, e.g., credit card debt, medical bills, etc.]. They have demonstrated a strong willingness to improve their financial stability and are committed to making positive changes.

I recommend that [Client's First Name] consult with your professional team to explore options for debt management, budgeting strategies, and financial education programs that you may offer.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information or to discuss this referral in detail.

Thank you for your attention to this matter. I am confident that your guidance will greatly assist [Client's First Name] in achieving their financial goals.

Sincerely,

[Your Full Name]

[Your Position]

[Your Organization]

[Your Contact Information]