

Application for Drug and Alcohol Treatment Services

Date: _____

To Whom It May Concern,

I am writing to formally apply for drug and alcohol treatment services. My name is **[Your Name]**, and I am currently seeking assistance to address my substance use issues.

Over the past few years, I have struggled with **[Specify Substance(s)]** addiction, which has significantly impacted my personal life, health, and relationships. I recognize that I need professional help to overcome these challenges, and I believe your program can provide the support I require.

I am particularly interested in **[Specify Type of Treatment: inpatient/outpatient, counseling, support groups, etc.]** and would appreciate any information regarding the application process, eligibility criteria, and available programs.

Thank you for considering my application. I look forward to your response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]