

# Referral Guidelines for Participant Clarity

Date: [Insert Date]

To: [Participant's Name]

From: [Your Name/Organization]

Dear [Participant's Name],

We are glad you have chosen to participate in our program. To ensure you have a clear understanding of the referral process, we have outlined the guidelines below:

## 1. Purpose of Referral

Referrals are provided to connect participants to additional resources and support services that may enhance their experience.

## 2. Who Can Be Referred?

Participants can refer other individuals who may benefit from our program, including family members, friends, or colleagues.

## 3. Referral Process

1. Identify the individual you believe would benefit from a referral.
2. Complete the referral form available at [insert link or location].
3. Submit the form to [insert contact information].

## 4. Follow-Up

After submission, a member of our team will follow up with you and the referred individual to discuss next steps.

## 5. Privacy Considerations

Your privacy and that of the referred individuals will be maintained according to our privacy policy.

If you have any questions regarding these guidelines, please do not hesitate to contact us at [insert contact information].

Thank you for your attention to this important process. We appreciate your commitment to helping others.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]