

# Healthcare Tax Credit Certification for Disabled Individuals

Date: \_\_\_\_\_

To Whom It May Concern,

This letter is to certify that **[Individual's Full Name]**, born on **[Date of Birth]**, is recognized as a disabled individual as per the criteria established by the **[Relevant Authority/Organization]**.

As a result of their disability, **[Individual's Name]** qualifies for tax credits under the **[Name of the Tax Credit Program]** as per the current tax regulations. Details regarding the individual's condition are kept confidential but can be provided upon request with appropriate authorization.

This certification is valid for the tax year **[Tax Year]** and should be kept for tax filing purposes.

If you have any questions or require further information, please feel free to contact me at **[Your Contact Information]**.

Thank you for your attention to this matter.

Sincerely,

**[Your Name]**

**[Your Title]**

**[Organization Name]**

**[Organization Address]**

**[Phone Number]**

**[Email Address]**