

Application for Mental Health Support Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request support services for mental health from your organization. I have been experiencing challenges related to [briefly describe your situation, e.g., anxiety, depression, etc.], and I believe that receiving professional support could significantly benefit my overall well-being.

Given the current challenges I face, I would like to inquire about the mental health services available, including individual counseling, support groups, or any educational resources that you may offer.

I am keen to understand how these services can be tailored to meet my needs and the process involved in accessing them. I would appreciate any information you could provide regarding availability, eligibility requirements, and scheduling.

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

Sincerely,

[Your Name]