

# Rehabilitation Program Requirements

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are pleased to inform you that your application for our Rehabilitation Program has been received. In order to proceed with your enrollment, please review the following requirements:

## Program Requirements

- **Medical Evaluation:** A comprehensive medical evaluation by a licensed physician.
- **Psychological Assessment:** A psychological assessment to determine suitability for the program.
- **Consent Forms:** Signed consent forms acknowledging program participation.
- **Identification:** A copy of a valid photo ID.
- **Financial Documents:** Relevant financial documents (if applicable) to assess funding eligibility.

Please ensure that all required documents are submitted by [Insert Deadline]. If you have any questions or need assistance gathering the required materials, do not hesitate to contact us.

Thank you for your interest in our program. We look forward to your participation.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]