

Disability-Related Service Authorization

Date: [Insert Date]

To: [Recipient Name]

Address: [Recipient Address]

Dear [Recipient Name],

We are writing to inform you of the authorization for disability-related services as per your recent application. After reviewing your request and supporting documents, we are pleased to confirm that the following services have been authorized:

- [Service 1 Description]
- [Service 2 Description]
- [Service 3 Description]

These services will commence on [Start Date] and will continue until [End Date], subject to regular assessments of your ongoing needs.

Please feel free to reach out to us at [Contact Information] if you have any questions or require further information regarding your authorized services.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]