

Supportive Services Authorization Letter

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that your request for supportive services has been approved. This letter serves as an authorization for the provision of services as discussed in our previous correspondence.

The following services are authorized:

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

Please note that these services will be provided for the duration of [insert duration], starting from [insert start date]. Ensure that you contact [Service Provider's Name] at [Service Provider's Contact Information] to schedule your appointments.

If you have any questions or require further assistance, please do not hesitate to reach out to our office at [Office Phone Number] or [Office Email Address].

Thank you for your attention, and we look forward to supporting you.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Organization's Address]

[City, State, Zip Code]