

Provider's Letterhead

Date

Regional Homeless Court
300 W. Washington St, 3rd Floor
Phoenix, AZ 85003
Fax: 602-495-6987

Subject: Client Name

It is our pleasure to write on behalf of (client name) regarding (court case number) who meets our established criteria for the Regional Homeless Court Program. Please accept our documentation, on his/her behalf:

Paragraph discussing the client's background.

Paragraph discussing provider's involvement with the client.

Mention any other programs client completed.

Indicate the number of hours the client completed in programming.

Any additional information about the client's transition.

Sincerely,

Case Manager Signature

Case Manager Name

Provider Name

Street Address

City, State, Zip

Phone Number

E-mail Address