[INSERT LDSS LETTER HEAD *optional*]

To Training Award Application Reviewers:

[Insert WRITER information: name, job title, division, etc., as it applies to writer’s role within in-home services coordination.]

We have an ongoing relationship with [PROVIDER] OR We look forward to beginning a relationship with [PROVIDER] to deliver [NAME EBP] in [LOCALITY]. We support their receiving training in [NAME EBP] to implement, expand and/or strengthen the services available in the community to our families.

We intend to refer families to [PROVIDER] to receive... The referral process includes the following procedures… [INSERT as much detail as possible outlining the steps from family’s first point of contact to initiation of services through PROVIDER].

We intend to meet with [PROVIDER] [INSERT FREQUENCY] to review outcomes of services provided and utilization of service.

[Any other relevant supporting information, such as contract status or length of relationship with PROVIDER, information about current services in the area…]

Sign off,

[SIGNATURE with email address and any other contact information.]