AGENCY LETTERHEAD- SAMPLE ADVOCACY LETTER FOR MEANINGFUL REVIEW HEARING

Bernalillo County Metropolitan Court
Outreach Court
401 Lomas Blvd
Albuquerque, NM 87102
ATTN: Tiffany Archuleta
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DATE_____
PARTICIPANT: ___<Participant's name>__
CASE ADVOCATE: ___<Case Advocate's name >__
AGENCY NAME: ___<Agency's name>__

Dear Meaningful Review Team,

AGENCY- < Insert your program's mission and important information regarding your program here.>
 "It is our program's pleasure to write on behalf of ___Participant's name___. The goal of our program is
that each participant leaves having gained a greater sense of self sufficiency. "

BACKGROUND- <Insert information regarding the client here>
"___Participant's name____has been homeless 3 times in the past. This is due to his mental health status.
He is currently living with his mother and his medications have been stabilized for the past 4 weeks."

PROGRAM REQUIREMENTS < Indicate any requirements you've outlined for the participant in your
program >
        -attend bi weekly counseling
        -monitor medications with primary provider
        -attend doctor's appointment
        -follow through with dental referral at _____Agency's name_____.

PROGRAM PARTICIPATION-< State any progress and compliance in your program here> "__Participant's
name____has been compliant with our program since _____. He has stabilized his medications
through our clinic. He has enrolled in state subsidized health insurance and has an appointment with his
primary care provider. He is compliant with therapy and actively engaged in counseling with our
therapist. "

CURRENT ESTIMATED HOURS OF PARTICIPATION COMPLETED IN PROGRAM_____.

AGENCY RECOMMENDATION- <Outline your recommendation at this time>
"We recommend at this time for _Participant's name__to continue with our agency for another 30 days,
at which point his dental referral will have been completed and his primary care visit completed."

Sincerely,

_____
NAME AND TITLE