

Health Professional:

Dept., Service, or Program:

Site:

Address:

Client:

DOB:

Address:

Based on my assessment this letter is to support you in your request for special diet funding through AISH to assist in adequate nutritious food purchases. Regular intake of nutritious foods is important to your management or support of:

Please present this letter to your AISH representative in support of the request for the following special diet funding:

The duration of this diet is:

If your AISH providers have any questions or concerns on this matter, please have them contact me.

Sincerely,

p:

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