

Health Professional:

Dept., Service, or Program:

Site:

Address:

Client:

DOB:

PHN/ULI:

Address:

Re: Special Needs Assistance for Seniors:

Based on my assessment, this letter is to support you in your request for nutrition supplement coverage from Special Needs Assistance for Seniors. Adequate nutrition is important to your management or support of:

I have recommended that you supplement your diet with the following:

Sincerely,

p: