LETTERHEAD

Jennifer Prins, CoC Coordinator

River Valleys Continuum of Care

P.O. Box 144

Zumbrota, MN 55992 VIA ELECTRONIC MAIL

Re: Commitment to provide healthcare services

Dear Ms. Prins:

On behalf of HEALTHCARE PROVIDER NAME, I am pleased to offer this letter of commitment to provide healthcare services to eligible participants at NAME OF PROJECT. Our agency provides TYPE OF SERVICE (mental health/primary health/substance abuse treatment or recovery service/etc.) within the River Valleys Continuum of Care (CoC MN-502) region and particularly in SERVICE AREA. Partnering with a housing program to ensure that people are able to meet their health needs in a safe and stable housing environment is critical to our mission as a healthcare provider.

PICK THE STATEMENT THAT APPLIES TO YOUR TYPE OF SERVICE AND PERSONALIZE IT

For the NAME OF PROJECT, TREATMENT/RECOVERY PROVIDER NAME will provide access to treatment or recovery services for all program participants who qualify and choose those services.

For the NAME OF PROJECT, HEALTH CARE PROVIDER NAME will provide TYPE(S) services to all program participants who qualify and choose those services.

Based on current or approved rates for these services, we estimate the value of these services to be $AMOUNT per year ($AMOUNT over three years). This estimate assumes NUMBER participants will receive HOURS of SERVICE TYPE at $RATE/hour each year. Funding for these services comes from SOURCE. Add more here if more than one service type will be provided.

If you have any questions regarding this commitment, please contact NAME at EMAIL.

Sincerely,