

## SAMPLE LETTER FROM SOCIAL WORKER

### AGENCY LETTERHEAD

[DATE]

To whom this may concern:

I am aware of the Low Income Cut-Off requirements for the Ride Transit program and confirm that [FIRST NAME LAST NAME] qualifies for the program and resides in Edmonton.

The list of applicants to be considered for eligibility are as follows:

- [FIRST NAME LAST NAME] - Date of Birth
- [FIRST NAME LAST NAME] - Date of Birth
- [FIRST NAME LAST NAME] - Date of Birth
- [FIRST NAME LAST NAME] - Date of Birth

Thank you,

[YOUR NAME]

[POSITION]

[YOUR ORGANIZATION]

[EMAIL AND/OR PHONE NUMBER]

SIGNATURE\_\_\_\_\_