

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Department of Human Services]
[Office Address]
[City, State, ZIP Code]
Subject: Authorization of Services

Dear [Recipient Name],
I hope this letter finds you well. I am writing to formally request authorization for services under [specific program or service] for [Client's Name], who is currently receiving benefits from the Department of Human Services.

Client Information:

- Name: [Client's Full Name]
- Date of Birth: [Client's Date of Birth]
- Case Number: [Client's Case Number]

Service Details:

- Type of Service Requested: [Specify Service]
- Duration of Service: [Start Date] to [End Date]
- Provider Information: [Name of Service Provider, Address, Contact Information]

The requested services are essential for [briefly explain the need for services and any pertinent details]. I have attached all the necessary documentation that supports this request, including [list of any attached documents, e.g., treatment plans, assessments, etc.].

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] for any further information or clarification.

Thank you for your time and consideration.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title or Relationship to the Client]