

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for MHSA Eligibility Determination

I hope this letter finds you well. I am writing to inquire about my eligibility for the Mental Health Services Act (MHSA) programs. I believe that I meet the necessary criteria and would like to provide the required information for your consideration.

I have been experiencing [briefly describe your mental health condition and any treatments or support you have sought]. Given this context, I am seeking access to the resources available through the MHSA.

To assist in the determination of my eligibility, I have included the following documents:

1. A completed MHSA application form
2. Documentation of my mental health diagnosis from my healthcare provider
3. Any additional supporting documents or records

Please let me know if there are any further requirements or information needed to support my application. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]