

[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: Eligibility for MHSA Program

I am writing to formally request confirmation of my eligibility for the Mental Health Services Act (MHSA) program.

I have provided the necessary information and documentation related to my situation below:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN]
- Current Address: [Your Current Address]

I kindly ask you to review my application and provide me with a response regarding my eligibility status for the MHSA program at your earliest convenience. If you require any additional information or documentation, please do not hesitate to inform me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]