

## Sample Information Required Letter

[insert Administering Authority logo here]

[date]

Dear [name]:

To make sure you receive all the assistance you are eligible for, we need the following medical information.

- Diet Supplement:** Please take the attached fact sheet to your doctor or a registered dietician and get a note that includes your diagnosis, confirmation of you need for a special diet, and how long you will need it for.

[attach diet supplement fact sheet]

- Persons with Persistent Multiple Barriers (PPMB):** Please have your doctor complete the attached form.

- Medical Supplies:** Please get a medical note from your medical practitioner or nurse practitioner that includes your diagnosis, a list of what you need each month (specify amount), and how long you will need it for.

Please return this information by [date]. You can mail it to us or drop it off at our office at [local office address]. You can also fax it to us at [local office fax number].

If you have any questions, please contact the First Nations Social Development Society [phone number].

Sincerely,

[insert BSDW name]  
BSDW

