

Quebec:

(INSERT AGENCY LETTERHEAD HERE)

Date: _____

Re: TELUS Mobility for Good Program

To Whom It May Concern,

I, _____, from _____ am writing on
(your name) (your agency)

behalf of _____ who was born on _____.
(youth) (youths DOB)

I am able to confirm that this youth is eligible for TELUS' Mobility for Good Program as they were in temporary or permanent care of the Director of Youth Protection up until their 18th birthday.

Sincerely,

(Signature and Printed Name)

Your work phone number:

Your work cell number:

Your work email address:

Your organization's mailing address:

Please provide accurate contact information as TELUS may contact you to confirm the youth's application details.