## Ontario:

## (INSERT AGENCY LETTERHEAD HERE)

Date:			
Re: TELUS Mobil	ity for Good Program		
To Whom It May	Concern,		
I,	, from	, from	
(yo	our name)	(your agency)	
behalf of	W	ho was born on	
	(youth)	(yo	ouths DOB)
as Continued Car	en eligible for the Ready Set e and Support for Youth or 0 and Family Wellbeing Agend	CCSY) at any Ontario Childr	
Sincerely,			
(Signature and P	rinted Name)		
Your work phone Your work cell nu Your work email a Your organization	mber:		

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