

Yukon:

(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: (Choose one)

- In temporary or permanent care and custody or on an Agreement for Support Services with the Ministry of Health and Social Services up until their 19th birthday
- Are eligible for an Agreement for Transitional Support Services

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.