**Newfoundland:**

(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: (Choose one)

* Had a temporary or permanent custody order with the Department of Children, Seniors and Social Development up until their 19th birthday
* Are eligible to participate in the Youth Services Program

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.