Form Processing #_____
Document #3 revised 05.20.08

[Print on Illinois Mental Health Collaborative Letterhead]

[Date]

[Name of Applicant]

RE: Eligible for DMH Bridge Subsidy Program

Dear *[Insert Name Here]:*

Thank you for your interest in the Division of Mental Health Permanent Supportive Housing Bridge Subsidy Program. On behalf of the Division of Mental Health, the Illinois Mental Health Collaborative has reviewed your referral for the program. We are pleased to inform you that you are eligible to complete a full application to the DMH Permanent Supportive Housing Bridge Subsidy Program. The full application:

- ☐ is included in this packet.
- ☐ has been sent to your care manager.
- ☐ has been sent to the contact person you designated on your referral form.

Please be sure to read the application instructions fully and complete all required sections. Applications must be submitted to:

Illinois Mental Health Collaborative
P.O. Box 06559
Chicago, Illinois 60606

Your completed application must be received by the Illinois Mental Health Collaborative within 30 days of the date at the top of this letter. Late applications cannot be considered.

Thank you again for your interest in the DMH Bridge Subsidy Program. We look forward to receiving your completed application.

Sincerely,

[Name]
Illinois Mental Health Collaborative

Attachment: Application

Cc: [Name], Community Mental Health Provider, Care Manager
Regional Housing Support Facilitator

SAMPLE