**[Date]**

Mr. Andrew DeVos, Chief Program Officer

Community Behavioral Health

801 Market Street, 7th Floor

Philadelphia, PA 19107

Dear Mr. Devos,

**[Name of Agency]** is requesting a letter of support for licensure of our Behavioral Health Rehabilitation Services (BHRS) program under the Chapter 5240 Intensive Behavioral Health Services (IBHS) regulations for the following service locations:

**[Primary service location for BHRS services]**

**[All service locations for site based BHRS services]**

As a licensed IBHS provider, **[name of agency]** will provide the following services:

**\_\_\_ Individual Services**

**\_\_\_ Group Services**

**\_\_\_ Applied Behavioral Analysis Services**

If you have any questions regarding this request, please feel free to contact **[Name/title of agency contact person]** at **[e-mail and phone number of agency contact person].**

 Sincerely,

 **[Name of Agency Contact]**

 **[Title of Agency Contact]**