



**COUNSELOR LETTER OF RECOMMENDATION**

To be included with application for S4H assistance

Client requesting assistance: (please print) \_\_\_\_\_

Counselor making recommendation: (please print) \_\_\_\_\_

Treatment Program name: (please print) \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Is client attending regularly and actively participating in program? \_\_\_\_\_

Is client attending required number of outside self-help meetings? \_\_\_\_\_

Why are you recommending this client? \_\_\_\_\_

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**COUNSELOR INFORMATION** (include licensure information, if applicable:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_