

Referral Email from YLI:

SUBJECT: Your Life Iowa Treatment Referral

Hello,

(first and last name) contacted Your Life Iowa on (DATE) requesting (service requested, i.e., substance use evaluation, etc.) and granted permission for Your Life Iowa to provide their contact information to (name of Agency) to assist in the referral process and accessing requested care.

Name: (First Name, Last Name)

Phone: (Phone Number)

Address: (Address)

(First Name) has granted permission for YLI staff to follow up with them and (name of Agency) in 5 days from the date of this email to determine the status of the referral and to support all parties in the referral process.

If you have any questions please contact Madde Brown Monday through Friday 9 am to 5pm at (855) 581-8111.

Thank you for your support in this process,

(Staff name sending email)