LETTERHEAD

Organization

Date

Addressed to Applicant or CoC as appropriate

## Written Commitment for Health Care Services

(Organization name) is committed to assisting (the CoC) or (Agency Name) in meeting the needs of homeless persons by providing the following resources for persons experiencing homelessness or fleeing domestic violence:

Resources/ Services to be provided:

for example:

Nursing support, to include: in-home medical services (within

scope of licensure and practice), wound care, medication management, health

education, and facilitation of warm hand-offs to other providers, as needed,

including facilitation of telehealth introductions and appointments.

Provide medical supplies needed to render high quality health services to participants

Access to clinic services, as needed, on a scheduled (or as needed) basis for persons in the (CoC Project•

Provide access to treatment or recovery services at its existing clinic site

for all program participants who quality and choose those services.

Provide health care intervention and education services to participants to address substance abuse or mental health needs,

In the case of substance abuse treatment or recovery services, the (health care organization name) commits to provide services for all program participants who qualify and choose services.

*Eligibility Statement*

The commitment of services is to the (agency name) project) beginning at an appropriate date in 2023.

In addition to the above understanding, the (health service provider) confirms that the eligibility criteria for our services will comply with the HUD program and fair housing rules, and we will not further restrict access to services through additional eligibility requirements.

*Value of Resources*

These resources will be available to project participants beginning (date that is in 2023).

The value of the resources is $------------------ as estimated on the following values for services:

Nursing $$$ (per visit) or for ### participants

Medical supplies, estimated at $$$ per participant

Clinic Services

Mental health Services at $$ per client for ## or % of participants

*Basis of Estimated Value*

The value of our services is based on actual average costs or typical charges.

Our in-kind health service contributions have been valued at a rate consistent with the amount paid for services not supported by CoC funds.

*Concluding Statement*

This agreement is effective only upon selection of the named project for funding.

The signature below is an a representative of (Healthcare provider name) authorized to make the type of commitments identified in this letter.

Signature:

Printed name and Position

Date