**TEMPLATE FOR COMMUNITY PARTNERS LETTER OF SUPPORT**

**[Date] [Agency Letterhead]**

Leeanne Whisnant, Health Director

Alexander County Health Department

338 1st Avenue, SW

Taylorsville, NC 28681

Dear Ms. Whisnant:

I am writing this letter to address how we will collaborate with your new Federally Qualified Rural Health Care Center.

**[Specify how] Such as refer patients, accept referrals for services, etc.**

**[Name of Organization]** is familiar with the plans of Alexander County Health Department to provide primary care services to low income, uninsured, underinsured, Medicaid and Medicare patients.

**[Discuss the health care needs as you see them for our community]**

In conclusion, **[Name of Organization]** is fully committed to sustained success of Alexander Counties Federally Qualified Rural Health Care to serve the citizens of our rural community.

Thank you for your consideration and we look forward to working with the Alexander County Health Department on this exciting new program.

Sincerely,

**[Name], [Title]**

**[Organization]**