

(MUST BE ON THE ORGANIZATION'S LETTERHEAD)

Note: This letter is to be used as an example of appropriate eligibility documentation for the Disability Preference Pilot. In order for the letter to be valid, the letter must (a) be printed on the letterhead of the vocational rehabilitation agency, county social services, licensed physician or medical professional, college or university, community mental health center, disability advocacy organization, or case management agency, (b) include a signature, and (c) be dated within 2 years of your application date. This letter should not contain any medical information.

Sample Disability Preference Eligibility Letter

Date

Name of professional, title

Address: City, State, Zip Code, Suite Number

Phone: xxx-xxx-xxxx

Email:

To Whom it May Concern:

This letter serves as certification that (name of applicant) is an individual with a documented disability, identified by [name of vocational rehabilitation agency, county social services, licensed physician or medical professional, college or university, community mental health center, disability advocacy organization, or case management agency,] policy and can be considered for employment under the Colorado Department of Labor and Employment (CDLE) Disability Preference Pilot, CRS 24-50-112.5 (8). Thank you for your interest in considering this individual for employment.

Sincerely,

(Professional's signature)

(Professional's title)