Address,

Phone #

Email

Date

To Whom It May Concern,

We are a non-profit society / Individualized Funding Agent who provides Community Living BC CLBC) funded services to a vulnerable adult with a disability. We contract with a respite / home sharing caregiver to provide those services in the caregiver’s home. There are other adults who live in the home and may assist with services on a volunteer basis. They are not paid. As the agency that contracts with the respite / home sharing provider we request that the CRC for other adults living the home \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of individuals) be completed as a volunteer.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Director or IF Agent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Director of IF Agent)

(Name of Society)