Department of Health Care Services Counselor & Medication Assisted Treatment Section, MS 2603 Post Office Box 997413 Sacramento, CA 95899-7413

LETTERS OF COOPERATION

License Number	Licensee
Site Address	
List any agency(ies) that provide either: 1) services (e.g. counseling, vocational referral), or 2) financial support (e.g. foundations, county funding sources) to the program. Attach a letter of support from each agency listed.	
Agency	
Address	
Service(s) provided	
Agency	
Address	
Service(s) provided	
Agency	
Address	
Service(s) provided	
Agency	
Address	
Service(s) provided	
Agency	
Address	
Service(s) provided	