

Date

Service User name
Address

Dear Service User,

Quality Lifestyle Alliance Inc supports and encourages the Service User's right to choose an advocate to represent them in regard to the service that we provide.

I have enclosed a nomination form and information that is relevant to the process if you wish to go ahead. However, if you do not wish to have an advocate represent you at this time, please return the following section for our records in the reply paid envelope provided. Your assistance is greatly appreciated.

Yours truly,

Carolyn Hodges

I Service User do not wish to have an advocate represent me at this time.

_____ (Signature) _____ (Date)