**SUPPORTED EMPLOYMENT**

**LETTER OF COMMITMENT**

<Date>

ATTENTION: VR Specialist Name

1125 15th St. NW

Washington, DC 20005

Re: <Person’s Name>

Dear <VR Specialist's Name>

This letter serves to inform DC DDS Rehabilitation Services Administration (DCRSA) of <CRP Name/ Extended service provider>‘s commitment to provide Supported Employment Extended Services to <Person’s Name>. Mr./Ms./Mrs. <Person’s Last Name>. is currently < a SSI/SSDI recipient/ EBSE consumer/ enrolled in Medicaid Waiver> and eligible to receive additional employment support at no additional cost to DCRSA. We understand that the person in supported employment will be monitored by DCRSA during the first 60 days of transition to extended services and we will do our best to coordinate services at that time.

For further information regarding provision of extended services to <Person’s Name>, please feel free to contact <CRP/ SE provider coordinator name> at ( ) xxx-xxxx or email at      .

Best regards,

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<CRP/ SE Provider contact>