ACP
Address Confidentiality Program

Sample Evidence Letter

The questions below may serve as a guide in helping you craft a letter of support on behalf of an applicant. This letter should not be used as a template, but it is recommended that it be on agency letterhead.

1. How do you know the applicant? Did they contact you about the program or are they a current client?
2. Does the applicant fear for their safety and feel that ACP enrollment would benefit their larger safety plan?
3. Is the client a victim or survivor of domestic violence, a sexual offense, human trafficking, harassment and/or stalking?
4. Is the client accessing or providing protected healthcare, to include gender-affirming and reproductive healthcare?

Example:

To Whom It May Concern:

I am a [victim advocate, protected healthcare worker, Application Assistant, or other role] and have been working with [applicant name] since [date]. I believe that the Address Confidentiality Program should be included as part of [applicant name]'s overall safety plan.

[Applicant] has reported that they are a [survivor of verbal, physical and/or sexual abuse] [protected health care worker]. Optional: [Applicant] fears that they will once again be found and harmed by [abuser].

[Add any additional details that may be helpful. Examples: Use of a chosen name, primary language, accessibility needs, abuser's employment if it could jeopardize the participant's safety (i.e. law enforcement, postal service), etc.]

Please contact me if you have any questions about this application.

Sincerely,
[Name]
[Title] [AA Registration Number (if an Application Assistant)]
[Agency Affiliation]
[Phone number]

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