



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.

1. How do you know the applicant? Did they contact you about the program or are they a current client?
2. Is the client a protected health care worker, or a survivor of domestic violence, a sexual offense, and/or stalking?
3. Does the applicant fear for their safety? For example, is the abuser currently stalking the applicant or making threats towards the applicant? Does their work as a reproductive health care worker put their safety at risk?

*Letter should be on agency letterhead, if possible.

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, 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]

<https://dcs.colorado.gov/acp>

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