



# Instructions for a Letter from an Agency

To apply for UNM Care or Out-of-County Care, you have to give us documents that prove your identity and where you live.

Sometimes people don't have these documents. If you don't, you can ask a caseworker, community health worker, healthcare provider, or community agency who knows you and your situation to provide a written statement confirming your identity and/or residency. This is called an attestation letter. Attestation means to confirm or give your word that something is true.

You can give the instructions below to one of these persons.

Dear Letter Writer,

Thank you for writing a letter for me. Here are some instructions.

- **You can use the sample Agency Attestation Letter** on the next page. Copy the sample letter and paste it onto your agency's letterhead (if you have one), fill in the blanks, delete any sentences that are not applicable, and sign.
- **Hand writing an Agency Attestation Letter.** Use the sample letter as a guide to write your own letter. Only include information relevant to what you are attesting to (the patient's identity and/or where they live). For handwritten letters or letters not on letterhead, please include a business card or similar document.
- All letters must include the date, writer's name, title, contact phone number and email, and signature.
- Letters can be given directly to the patient to submit or mailed to UNM Financial Assistance at 1131 University Blvd, Suite D, Albuquerque, NM 87102 or emailed to [financialassistance@salud.unm.edu](mailto:financialassistance@salud.unm.edu) or to the email address for patient's representative.
- If you have any questions, please call UNM Financial Assistance at 505 272-2521.



# Sample Agency Attestation Letter

Date: \_\_\_\_\_

I am writing to provide you information about

\_\_\_\_\_.

patient name

This agency, \_\_\_\_\_, has been  
working with

agency name

\_\_\_\_\_ since \_\_\_\_\_.

patient name

month/year

Based on my knowledge of the person listed below, I can state that:

\_\_\_\_\_ is an accurate name.

This patient lives \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Phone number and/or email address