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Tampa Housing Authority

5301 W Cypress St.

Tampa, FL 33607

[DATE]

**RE: [Client name]**

To Whom It May Concern:

This family is being referred to the Family Unification Program due to concerns of inadequate housing. The children are currently in out-of-home care and will remain until the parent can obtain adequate and stable housing.

*Please include a brief description of case plan compliance, family’s plan to cover the cost of basic household expenses, and* ***estimated date of reunification – THA will not accept a packet without an estimated reunification date****. Remove the “Sample” watermark via the Page Layout tab above.*

Thank you for your assistance. Please contact me at the number below if any additional assistance is needed.

Thank you,

Case Manager Name

Contact information