SAMPLE FORM LETTER FOR RELATIVE, FRIEND, CONCERNED CITIZEN

It would be impossible to provide one letter that represents everyone’s thoughts on this important issue. However, provided you personalize the letter below, you may elect to use the basic format that follows:

Insert Your Name
Address
City, State Zip Code
County
Phone Number

Date

The Honorable [insert full name]
Address
City, State Zip Code

Dear Representative [or Senator] [insert full name]:

As a resident of [insert city] in [insert county] county, and a concerned citizen, I am writing to ask for your support of [insert bill number]. This bill would require health benefit plan coverage for hearing aids for children with hearing loss [specify parameters for example “birth through age 24, up to $1,000 per ear every 36 months”].

We know that the most important development of a young child occurs in the first few years of life and without access to sound through amplification, a child with hearing loss will not be able to maximize the listening and language skills. Our state priorities need to reflect this knowledge. As a leader in health and human services, Tennessee should join other sixteen states that have already passed similar legislation.

I urge you to support this important legislation. Investing in the early years of a child saves the taxpayer money later on. Please provide me with a written reply that states how you voted on this issue.

Thank you for your time and consideration of this request. Your support of children who have hearing loss is greatly appreciated.

Sincerely,

[Your name]