

**Sample Letter for Family Reunion Program Approval**  
Facility Letter Head  
(See Directive #0008, "Use of Department Stationery & Business Cards")

DATE:

Ms./Mr.  
Street Address  
City, State, Zip Code

Re: Inmate Name: \_\_\_\_\_

Inmate DIN: \_\_\_\_\_

Facility

Name: \_\_\_\_\_

Dear Ms./Mr. \_\_\_\_\_:

The above referenced has been approved for participation in the Family Reunion Program (FRP) at \_\_\_\_\_ Correctional Facility. Please complete the attached Document Verification Form, have it notarized, and return it to the facility within thirty (30) days from the date of this letter.

If you should have any questions regarding the FRP or completion of the form(s), please do not hesitate to contact the facility's FRP Offender Rehabilitation Coordinator at the above noted facility.

Sincerely,

\_\_\_\_\_  
Facility's FRP Offender Rehabilitation Coordinator

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Facility Address

\_\_\_\_\_  
Facility Phone Number w/ area code

Attachments