



Today's Date

Client Name  
Address

SR#: [Click here to enter](#)  
Case #: [Click here to enter](#)  
MIS Case #: [Click here to enter](#)

Dear Client Name:

To make sure you receive all the assistance you are eligible for, we need some information.

To continue to receive your diet supplement, please obtain a note from your doctor or a registered dietitian that includes: your diagnosis, confirmation of your continued need for a special diet and how long you will need the diet for.

Please return this information by [Enter date](#). You can mail it to us or drop it off at our office at [Enter office information](#). You can also fax it to us at [Enter fax number](#).

**As you are currently receiving a diet supplement, it is important that you provide the updated information by the above noted date or your eligibility to continue receiving the supplement may be affected.**

If you have any questions, please call the Ministry of Social Development and Social Innovation [Choose an item](#)

Sincerely,

[Enter Name](#)  
Ministry [Choose an item](#)

HR3209 (13/12/03)  
Security Classification: MEDIUM

Enclosure(s): [Click here to enter text](#).

The Ministry of Social Development and Social Innovation operates under the authority of the *Employment and Assistance Act* and Regulations, and the *Employment and Assistance for Persons with Disabilities Act* and Regulations.

Ministry of  
Social Development  
And Social Innovation

Mailing Address  
[Enter address](#)

Telephone: (###) ###-####  
Facsimile: (###) ###-####