Sent Via Email

[DATE]

 **Re: Enrollment in a Beacons, Inc. Workforce Development Workshop (Fall)**

 **Vendor #: PY1700/Service Code 102**

Dear [SDRC SERVICE COORDINATOR’S NAME]:

 My adult child [INSERT NAME] would like to enroll in a vocational workshop offered at Beacons, Inc. to expand his/her workforce skills to better access local employment options. Beacons, Inc. is offering a fall workforce development workshop at its Carlsbad, CA location (6150 Yarrow Drive, Suite E, Carlsbad, CA 92011) from September 9 to December 19, Monday through Thursday, from 9:30 am to 12:30 pm. This workshop offers 12 hours of training a week (excluding holidays) with an option of 2 additional training hours per week if needed.

 We have completed the initial Beacons application form and I believe my child meets the entrance criteria. Now that the application has been completed, we are contacting you to request the following:

1. an **addendum to the Individual Program Plan** (IPP) with a purchase of service (POS) so that this workshop can be funded; and

2. that a **copy of the current IPP and any related addendum be submitted** to Beacons, Inc. at: Pathfinder@BeaconsNorthCounty.com so that we may proceed with an intake meeting to make sure the program is a good fit for my adult child (and vice versa).

 Thank you for considering this request. If you have any questions, please do not hesitate to contact me!

 Sincerely,

 [Your Name]

 Parent of [SDRC Client’s name]

 Telephone # where you can be reached

 Your email