

SAMPLE LETTER APPROVING REQUEST FOR PAS

*(Insert Date)*

From: *(Insert Supervisor's Title and Name)*

To: *(Insert Requestor's Title and Name)*

Subj: APPROVAL OF REQUEST FOR PERSONAL ASSISTANCE SERVICES

1. On *(insert request date here)*, you submitted a request for Personal Assistance Services (PAS), and you identified your targeted disability as *(insert targeted disability here)*. You have requested the following services for the following time period: *(Insert PAS requested - be sure to add in any specific information to describe the services request or any notable details from the request process)*.

2. This letter is to notify you that after assessing the information you provided, as well as using the resources available to me, your request for PAS is approved as stated below:

a. *(Be specific in describing the PAS to be provided, to include frequency, duration, and types of tasks to be performed, as well as the estimated date of PAS implementation. If applicable, identify any limitations preventing immediate implementation of the services, and any interim services or arrangements that will be provided while the PAS provider requirement is being filled.)*

b. *(If the PAS to be provided are different from the employee's original request, the approval letter must explain why the alternative is effective.)*

3. Please be advised that if your needs for PAS change or is different from what is identified above, please notify me immediately. If you have any questions or concerns regarding this, please do not hesitate to contact me or *(insert name of servicing RA POC)*.

*(Insert Supervisor's Name/Signature block)*

Copy to:

*(Insert parties with a need-to-know)*

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Employee's signature

Date