

Insert Agency Letterhead here

Insert Date Here

Dear _____

Welcome. We are excited that your family member has given us permission to involve you in the many services that are offered here. We recognize how important it is to involve the people who care about him/her in the recovery process.

We have found that many individuals find it helpful and benefit from family members being involved in their treatment. We have also learned that family can include several different people important to the person in recovery, like a best friend or friends. Many times family members can become more supportive when they have the opportunity to learn more about mental health concerns.

Every three months, the Family Committee holds a “Family Night” where individuals and their families can come together and hear guest speakers knowledgeable in new trends in mental health and addiction services and share thoughts, experiences, and give feedback. Twice a month multifamily groups are also held. These are groups comprised of five to eight families that meet with each other to recognize how mental illness affects the lives of family members and how families can be very important to individuals in their treatment.

Insert
description of
agency
program here

Insert agency name recognizes the ongoing potential and value of family support to the many individuals we serve and is committed to include the people they want in their recovery process. We welcome you to join us in any of the activities listed above. We also welcome you to contact us if there is any information we can provide that would be helpful to you. Please know that we appreciate your feedback at any time.

Sincerely,

Executive Director