

Ministry of  
Children and Family Development

Date:

Parent Name  
Address

Dear Parent:

Re: Child Name      AM0000####

The Ministry of Children and Family Development At Home Program Regional Eligibility Committee has recommended that [Child] be accepted into the At Home Program, effective [date].

I am pleased to advise you that [Child] will be provided with medical benefits. The medical benefits package attached explains what benefits are available through the At Home Program and how to access them. If you require assistance please call us toll-free at 1-888-613-3232 or in Victoria at 250 387-9649. You may also visit our website at [www.mcf.gov.bc.ca/at\\_home](http://www.mcf.gov.bc.ca/at_home).

Sincerely,

Manager of Medical Benefits Program

cc:Regional Contact