Attachment F

 Letter to Guardian from the Tailored Plan (TP)

My name is (insert name). I work as a (insert name of position) at the (insert name of TP). You have been identified by (insert name of owner and the name of the ACH) as the legal guardian for (name of individual).

The State of North Carolina has an eligibility criterion which provides alternative housing for individuals with serious mental illnesses. This criterion is known as Transitions to Community Living (TCL), formerly TCLI. As part of TCL, TPs across the state are providing In-Reach services to those individuals. Name of individual, meets the criterion to receive In-Reach services.

In-Reach involves providing you and (insert name of individual) with information about community-based options, including the option to transition to supported housing. In- Reach also involves providing information about the array of services and supports available to those in supported housing to include rental subsidy and other assistance (insert name of individual) may need to live successfully in the community.

I would like to meet with you and (insert name of individual) to talk about the different community options. If you and (insert name of individual) choose other individuals can attend the meeting. I will need your written permission so they can attend the meeting.

Below are suggested dates and times for me to meet with you and (insert name of individual). I do want to accommodate your schedule. I may be contacted at (insert telephone number) between the hours of (insert time) if you have any questions.

Insert suggested day and times to meet

 Sincerely,

Insert Name, Title, Agency

TP Letter to Guardian Revised 3-6-2025