

Doula Testimonial Letter Template for Clients

Testimonial letter from a doula's client. Template language may only be modified in the blank fields as applicable.

Instructions: Testimonial letter must use the language below.

I, (name of doula's client) declare that the following is true and correct:

I was a client of (applicant's name).

I attest that I received services within the last five years from (applicant's name) and (applicant's name) has demonstrated the skills and experience in prenatal, labor, and postpartum care to work as a doula.

Name:

Business Address:

Telephone Number:

Signature and Date:

This information in your testimonial letter is requested by the Department of Health Care Services (DHCS), Provider Enrollment Division. This information will be used by DHCS to determine whether above named applicant qualifies for enrollment into the Medi-Cal program. California Welfare and Institutions Code section 14000, et seq. authorizes the maintenance of this information by DHCS.

The Chief of the Provider Enrollment Division, P.O. Box 997412, Sacramento, CA 95899-7412, (888) 452-8609, is responsible for the system of records and shall, upon request, inform you of the location of your records and the categories of any persons who use the information in those records. You have a right to access records containing personal information which are maintained by DHCS. If you would like to request a copy, please submit your request via the Provider Enrollment Division online Inquiry Form at: [PED Online Inquiry Form](#).

Submission of this information is voluntary. There are no consequences for not providing all or any part of this information.