



**Colorado State University**  
COLLEGE OF HEALTH AND HUMAN SCIENCES  
*School of Social Work*

**LETTER OF RECOMMENDATION  
for HRSA GENERAL INTEGRATIVE CARE STIPEND**

STUDENT NAME: \_\_\_\_\_  
(Please print or type name)

I waive the right to see this recommendation.  
I do not waive the right to see this recommendation.

Student Signature and Date: \_\_\_\_\_

The above-named student has given your name as someone who can provide information regarding their qualifications to receive a stipend to further their education in the behavioral health field through the graduate social work program at Metropolitan State University of Denver. If granted this stipend, the student will receive additional training related to working in this field and will be obligated to work in an approved agency that focuses on serving clients who have or are vulnerable for developing a disorder which requires medical, behavioral, or integrated health services in vulnerable, rural, or medically underserved areas for a period of 12 months post- graduation.

**Reference Data:**

Reference Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

In what capacity? \_\_\_\_\_

**Please comment specifically on the student’s suitability for practice in the behavioral health field.**

*Please check, or circle*

**1. In my opinion, this student’s ability to handle the demands of the behavioral health field (substance abuse and/or mental health) is:**

Excellent					Not Recommended
1	2	3	4	5	

Comments:

