



Veteran Administration or Health Insurance Verification

This is to verify that _____ is participating in a comprehensive behavioral smoking cessation program called the Cooper Clayton Method to Stop Smoking. If you have any questions, please contact me at the phone number or email listed below.

Average number of cigarettes currently smoked per day by participant: _____

VA number (if applicable) or last four digits of Social Security number: _____

Thank you,

(type your name)

Cooper Clayton Facilitator

(xxx) xxx-xxxx (phone)

Email address