

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Position]  
[Facility/Organization Name]  
[Facility/Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to discuss the possibility of respite care for my [relation, e.g., mother, father, etc.], [Patient's Name], who has been under my care. As a primary caregiver, I am seeking support to ensure quality care and relief for myself and my family.

[Briefly explain the need for respite care, including any relevant details about the patient's condition, daily needs, and the expected duration of care required.]

I would appreciate any information regarding the services you offer, including availability, costs, and any necessary application processes. It is essential for us to explore options that can provide both comfort and assistance.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]