

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

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

Dear [Recipient's Name],

Subject: Authorization for Respite Care

I am writing to formally authorize [Caregiver's Name/Agency Name] to provide respite care services for [Recipient's Name/Individual's Name], who is under my care.

Details of the individual in need of respite care:

- Name: [Recipient's Name]
- Date of Birth: [DOB]
- Address: [Address]
- Specific needs/conditions: [Brief description]

I understand that this authorization allows [Caregiver's Name/Agency Name] to provide care for [Recipient's Name] from [Start Date] to [End Date]. During this period, they will be responsible for [specific responsibilities or tasks].

Please contact me at [Your Phone Number] or [Your Email Address] for any further information or clarification regarding this authorization.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Relationship to the Individual, e.g., Parent, Guardian]

[Signature (if sending a hard copy)]