

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Confirmation of Respite Care Services

We are pleased to confirm the details of your respite care services scheduled for [start date] through [end date]. Below are the specifics of the arrangement:

****Client Information:****

Name: [Client's Name]

Date of Birth: [Client's DOB]

Service Address: [Client's Address]

****Respite Care Provider:****

Provider Name: [Provider's Name or Agency]

Contact Person: [Contact Name]

Phone Number: [Contact Phone Number]

Email: [Contact Email]

****Schedule of Services:****

- Start Date: [Start Date]

- End Date: [End Date]

- Daily Hours: [Hours of Service]

****Care Plan:****

- Description of services to be provided: [Brief description of care services]

****Emergency Contact Information:****

- Primary Contact: [Primary Contact Name]

- Phone: [Primary Contact Phone]

Please feel free to reach out to us if you have any questions or need to discuss further arrangements prior to the start date. We look forward to providing the necessary support and care.

Thank you for choosing our services.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]

[Website, if applicable]