

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

[Recipient's Name]
[Recipient's Title]
[Care Facility/Agency Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request respite care services for [Patient's Name], a [age] year-old [relation, e.g., parent, spouse] who has been diagnosed with [specific condition or diagnosis]. Due to [brief explanation of caregiving demands, e.g., my work commitments, health issues, need for a break], I am seeking assistance to ensure [Patient's Name] receives the necessary care and support during this time.

[Patient's Name] is currently [brief description of health status, daily routines, and any specific needs]. It is important that the respite care provided is tailored to their requirements, including [list any specific services needed, such as medication management, assistance with daily activities, etc.].

We are interested in [type of respite care needed, e.g., in-home care, adult day care, etc.] and would appreciate any information regarding availability, costs, and the referral process.

Thank you for considering this request. I look forward to your prompt response and guidance on how to proceed.

Sincerely,

[Your Name]

[Your Title/Relationship to Patient]