

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

[Recipient Name]
[Recipient Title]
[Organization's Name]
[Organization's Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Long-Term Care Application

I am writing to formally submit my application for long-term care services provided by [Organization's Name] for [Applicant's Name], who is in need of assistance due to [briefly explain the reason for requesting long-term care, e.g., age, medical condition].

[Provide background information about the applicant, including age, medical history, and any specific conditions that necessitate long-term care. Mention any previous care arrangements and their outcomes.]

Given the current situation, we believe that long-term care from your organization would greatly enhance [Applicant's Name]'s quality of life and ensure their safety and well-being. [Optional: Mention any specific services you are interested in, such as personal care, rehabilitation, or specialized medical care.]

Enclosed, please find all required documentation, including [list documents such as medical records, identification, financial statements, etc.]. We are committed to providing any additional information needed to assist in processing this application.

Thank you for considering this application. We look forward to your positive response and are hopeful that [Applicant's Name] will receive the care and support they need through your esteemed organization.

Sincerely,

[Your Name]
[Your Relationship to the Applicant]
[Your Signature (if sending a hard copy)]