

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

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

Subject: Request for Long-Term Care (LTC)

Dear [Recipient Name],

I am writing to formally request long-term care (LTC) assistance due to [briefly explain reason, e.g., a medical condition, age, etc.].

I have included the following supporting documents for your review:

1. Medical history and diagnosis from my healthcare provider
2. Financial documents indicating my current situation
3. Identification proof (e.g., driver's license, Social Security card)
4. Any additional documentation that may be relevant

I kindly ask for your prompt attention to this matter, as it is crucial for my well-being. Please let me know if you require any further information or documentation.

Thank you for considering my request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]