

****Letter Checklist for Vulnerable Adults Support****

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Organization/Agency Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

****Subject: Checklist for Supporting Vulnerable Adults****

1. **Personal Identification**

- Full Name
- Date of Birth
- Address
- Contact Information

2. **Medical Information**

- Current medical conditions
- List of medications
- Emergency contact details

3. **Social Support Details**

- Current support networks (family, friends)
- Access to community services

4. **Financial Information**

- Details of income and expenses
- Access to financial support programs

5. **Safety and Living Conditions**

- Description of living environment
- Any safety concerns or needs

6. **Communication Preferences**

- Preferred method of communication (phone, email)
- Special accommodations needed for communication

7. **Additional Support Needs**

- Specific areas where support is desired
- Any known triggers or stressors

8. **Consent for Support Services**

- Signature consenting to share information with support services
- Date of consent

Thank you for your attention to this important matter. I look forward to your prompt response.

Sincerely,

[Your Name]