

Comprehensive Annual Beneficiary Assessment

Date: [Insert Date]

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, Zip Code]

Dear [Beneficiary's Name],

We hope this letter finds you in good health and spirits. As part of our commitment to providing excellent service and support, we are writing to inform you about the Comprehensive Annual Beneficiary Assessment (CABA) being conducted this year.

The purpose of this assessment is to ensure that we have a clear understanding of your current needs and preferences. This will help us tailor our programs and services to better assist you in achieving your goals.

Please find enclosed the necessary forms that we kindly ask you to complete and return by [Insert Deadline]. Your feedback is invaluable to us, and we appreciate your cooperation in this matter.

If you have any questions or require assistance with the assessment forms, please do not hesitate to reach out to our office at [Insert Phone Number] or [Insert Email Address].

Thank you for your continued trust in us. We look forward to serving you.

Sincerely,

[Your Name]

[Your Position]

[Organization Name]

[Organization Address]

[City, State, Zip Code]