

Inquiry Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to inquire about the hearing aid assistance program offered by [Organization's Name]. As someone who is interested in improving my hearing health, I would like to know more about the eligibility requirements, application process, and the types of services and support available through this program.

Specifically, I would appreciate any information regarding:

- Eligibility criteria for the assistance program.
- The process for applying for hearing aids.
- Any associated costs or financial assistance options.
- Additional resources available for individuals with hearing difficulties.

Your assistance in providing this information would be greatly appreciated as it will help me make informed decisions regarding my hearing health.

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

Sincerely,

[Your Name]