

Hospice Care Planning - Resource Provision Letter

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

As part of our commitment to providing compassionate care and support during this challenging time, we are reaching out to outline the resources that are available for you and your family under our hospice care program.

Resource Overview

- **Medical Equipment:** We provide necessary medical equipment such as wheelchairs, beds, and oxygen supplies.
- **Pharmaceuticals:** Access to medications related to pain management and symptom control.
- **Counseling Services:** Available for patients and families to help navigate emotional challenges.
- **Volunteer Services:** Trained volunteers can assist with companionship and light household tasks.

Next Steps

Please feel free to reach out to our care coordinator at [Phone Number] or [Email Address] for any questions or to discuss your specific needs further.

Thank you for allowing us to be part of your care team. We are here to support you every step of the way.

Sincerely,

[Your Name]

[Your Title]

[Hospice Organization Name]

[Contact Information]