

Request for Community Personal Care Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to request personal care services within the community. I am seeking assistance with daily activities due to [briefly explain the reason, e.g., age, disability, health condition].

Specifically, I am in need of the following services:

- Personal hygiene assistance
- Meal preparation
- Medication management
- Transportation to appointments
- Companionship

These services will significantly improve my quality of life and allow me to maintain my independence.

I would greatly appreciate any information on available programs and the application process. Thank you for your attention to this matter.

Sincerely,

[Your Name]