

Request for Personal Care Assistance Program

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

To Whom It May Concern,

I hope this letter finds you well. I am writing to formally request assistance through the Personal Care Assistance Program. Due to [briefly explain your condition or situation that necessitates assistance], I find it challenging to manage daily activities independently.

I am in need of support with [list specific tasks you require help with, e.g., bathing, meal preparation, medication management]. This assistance is critical to maintaining my health and well-being.

Please find attached any required documentation, including medical records and assessments, which further detail my need for personal care assistance.

I appreciate your attention to this matter and look forward to your prompt response. Thank you for considering my request for assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]