

Social Service Agency

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Subject: Equipment Loan Approval for Health-Related Needs

Dear [Recipient's Name],

We are pleased to inform you that your application for the loan of health-related equipment has been approved. After reviewing your request, we believe that the equipment will significantly assist you in meeting your health needs.

The following equipment has been approved for your loan:

- [Equipment Type 1]
- [Equipment Type 2]
- [Equipment Type 3]

Please review the attached agreement for the terms and conditions of the loan. You are required to sign and return it to us by [Insert Deadline Date]. Once we receive the signed agreement, we will arrange for the delivery of the equipment.

If you have any questions or require further assistance, please do not hesitate to contact us at [Agency Phone Number] or [Agency Email].

Thank you for allowing us to assist you.

Sincerely,

[Your Name]

[Your Title]

[Social Service Agency Name]

[Agency Phone Number]

[Agency Email]