

Health Care Aid Application

Date: [Insert Date]

Your Name: [Your Name]

Your Address: [Your Address]

Your City, State, Zip Code: [Your City, State, Zip Code]

Email: [Your Email]

Phone Number: [Your Phone Number]

To:

Social Service Agency Name

Agency Address

City, State, Zip Code

Dear [Social Service Agency Contact/Specific Department],

I am writing to formally apply for health care aid through your agency. Due to [briefly explain situation, e.g., financial hardship, medical condition], I am in need of assistance to help cover my health care expenses.

My current health condition requires [detail any specific needs, medications, therapies, etc.], and without support, I am unable to afford the necessary care. I have attached relevant documentation to support my application, including [list any documents such as medical records, financial statements, etc.].

Thank you for considering my application. I am hopeful for your support, and I look forward to your timely response. Please feel free to contact me at [your phone number] or [your email] should you require any additional information.

Sincerely,
[Your Name]