

Health Service Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Social Services Department]

[Their Address]

[City, State, Zip Code]

Dear [Social Services Coordinator's Name],

I am writing to formally request health services for [Client's Name], who is in need of immediate assistance. [Briefly explain the client's medical condition and needs, including any relevant history].

It is essential for [Client's Name] to receive [specific services required, e.g., counseling, medical care, etc.] to ensure their well-being. I believe that your department can facilitate these services effectively.

Please let me know the next steps to move forward with this request. You can reach me at the contact information provided above.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]