

Medical Help Request for Social Welfare Assistance

Date: [Insert Date]

To Whom It May Concern,

I hope this letter finds you well. My name is [Your Name], and I am writing to formally request assistance for medical expenses that I am currently unable to cover due to financial hardship.

Due to [briefly explain your medical condition or situation], I have incurred significant medical costs including [list any specific treatments or medications]. Unfortunately, my current financial situation makes it impossible for me to manage these expenses alone.

I am therefore seeking assistance from [Name of Social Welfare Program or Agency] to help cover the costs of my medical treatment. Any support that you could provide would be greatly appreciated and would make a significant difference in my health and well-being.

Thank you for your consideration. I am looking forward to your kind response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information or documentation.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]