

Request for Medical Care Support

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Position]

[Social Services Department Name]

[Department Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request assistance for medical care support through your esteemed social services program. I am currently facing [briefly describe your situation, e.g., financial difficulties, medical conditions, lack of insurance].

Given my circumstances, I am in need of [specify the type of medical care required, e.g., medications, treatment, therapy]. I believe that with the support from your department, I can access the necessary resources to maintain my health and well-being.

I have attached relevant documents, including [list any documents you are including, e.g., medical records, financial statements] to support my request.

Thank you for considering my request. I am hopeful for your favorable response and look forward to your assistance.

Sincerely,

[Your Name]