

Eligibility Assessment for Long-Term Care Options

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you about the results of your eligibility assessment for long-term care options. Our team has thoroughly reviewed your application and supporting documents.

Assessment Findings

- **Name:** [Insert Client's Name]
- **Date of Birth:** [Insert DOB]
- **Assessment Date:** [Insert Assessment Date]
- **Assessment Result:** [Eligible/Not Eligible]

Recommended Options

Based on the assessment, we recommend the following long-term care options:

- [Option 1]
- [Option 2]
- [Option 3]

Next Steps

Please contact our office at [Phone Number] or [Email Address] to discuss these options further or if you have any questions regarding this assessment.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]