

Application for End-of-Life Care Resources

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Position]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request assistance and resources for end-of-life care for my [relation, e.g., mother, father, etc.], who has been diagnosed with [diagnosis]. As we navigate this challenging time, I am seeking support that will help ensure their comfort and dignity.

Specifically, I would like to inquire about any available resources, including palliative care services, counseling, and support groups that can assist us during this period. Additionally, information regarding financial assistance for end-of-life care would be greatly appreciated.

Thank you in advance for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]