

# Application for Memory Care Support Resources

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to express my interest in applying for memory care support resources for my [relation, e.g., mother, father], [Name of Person]. [He/She/They] has been diagnosed with [specific condition, e.g., Alzheimer's disease], and I am seeking assistance to enhance [his/her/their] quality of life.

We are particularly interested in resources such as [list specific resources you are seeking, e.g., counseling, support groups, educational workshops, financial assistance]. I believe these resources will greatly benefit [Name of Person] and support our family in navigating this challenging journey.

Thank you for considering my application. I appreciate any assistance you can provide and look forward to your response.

Sincerely,

[Your Name]