

# **Inquiry for Memory Care Financial Assistance**

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to inquire about financial assistance options available for memory care services. As the primary caregiver for [Insert Loved One's Name], who is currently facing challenges related to [briefly describe the memory condition], I am seeking help to explore resources that may alleviate the financial burden of necessary care.

Could you please provide information regarding potential funding sources, grants, or support programs that could assist in covering the costs associated with memory care? Additionally, I would appreciate any guidance on the application process and eligibility criteria.

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

Sincerely,

[Your Name]