

Request for Assistance Coordination Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request assistance coordination services for individuals who are legally blind. As a person living with this disability, I require support in accessing vital services and resources that can greatly enhance my quality of life.

Specifically, I am seeking assistance with [detail specific needs such as orientation and mobility training, access to technology, social services, etc.]. It is imperative for me to connect with organizations that specialize in coordination services tailored to the needs of visually impaired individuals.

Please let me know what information you require from my side to facilitate this request. I am looking forward to your timely response to ensure that I receive the necessary support as soon as possible.

Thank you for your attention to this matter.

Sincerely,

[Your Name]