

# Update on Assistance Coordination Needs

Date: [Insert Date]

To Whom It May Concern,

We are writing to provide an update regarding the assistance coordination needs for [Client's Name], who is legally blind. As part of our ongoing commitment to ensure that all necessary support is provided, we wanted to highlight the following points:

- Current Assistance Services: [Detail any ongoing services the client is receiving].
- Identified Needs: [List any new needs or adjustments required in services].
- Upcoming Appointments: [Mention any key appointments or evaluations scheduled].

We appreciate your attention to this matter and encourage open communication to best meet the needs of [Client's Name]. Should you have any questions or require further information, please do not hesitate to reach out.

Thank you for your continued support.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]