

# **Inquiry for Respite Care Services Availability**

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Respite Care Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to inquire about the availability of respite care services offered by your organization. As a caregiver for [Name of the person needing care], I am looking for temporary relief options to ensure their well-being.

Could you please provide me with information regarding the following:

- Availability of respite care services
- Types of services offered
- Duration and frequency of care
- Cost and payment options
- Any necessary qualifications or requirements

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

Sincerely,

[Your Name]