

Letter of Expression of Need

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Institution/Organization's Name]

[Institution/Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express my need for enrollment in the physical rehabilitation program offered by [Institution/Organization's Name]. Due to [briefly explain the medical condition or injury], I have been experiencing [describe symptoms or limitations] which has significantly impacted my daily life.

After thorough consultation with my healthcare provider, it has been recommended that I participate in a structured rehabilitation program to aid in my recovery and to improve my overall physical health and mobility. The resources and support provided by your program are essential for my rehabilitation journey.

I believe that enrolling in this program will enable me to achieve [state specific goals, e.g., regain strength, improve mobility, etc.]. I am eager to commence this program and am committed to adhering to all prescribed regimens and attending all scheduled sessions.

Thank you for considering my request. I am looking forward to the opportunity to participate in your esteemed rehabilitation program. Please let me know if you require any further information or documentation to facilitate my enrollment.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]