Rehabilitation Program Admission

Date: [Insert Date]

To: [Recipient's Name]

[Organization Contact Information]

[Recipient's Address]
Dear [Recipient's Name],
We are pleased to inform you that your application for admission to our Rehabilitation Program has been received and is currently under review. We recognize the importance of this step in your journey towards recovery, and we commend your willingness to take this significant step.
Please find below the details regarding the next steps in the admission process:
 Initial Assessment: You are scheduled for an initial assessment on [Insert Date]. Please arrive at [Insert Time] at our facility located at [Insert Address]. Documents Required: Please bring the following documents for the assessment: [List of Documents]. Contact Person: Should you have any questions, please feel free to reach out to [Contact Name] at [Contact Phone Number] or [Contact Email].
We look forward to meeting with you and supporting you on your path to recovery.
Best Regards,
[Your Name]
[Your Title]
[Organization Name]