

Geriatric Support Program Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Position]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express my intent to apply for the Geriatric Support Program. As a [brief description about yourself or your relationship with the senior needing support], I believe that this program would be beneficial for [Name of the Senior or "my family member"].

[Briefly explain the specific needs and circumstances that warrant the application, including any relevant medical or personal details.]

Thank you for considering this application. I look forward to the possibility of positive support through your esteemed program. Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information.

Sincerely,

[Your Name]

[Your Relationship to the Senior]