

Bereavement Care Plan Overview

Date: [Insert Date]

Dear [Recipient's Name],

We understand that this is a difficult time for you following the loss of [Deceased's Name]. Our Bereavement Services team is here to support you through this challenging period.

Overview of Bereavement Care Plan

- **Initial Support:** Meeting with a bereavement counselor within the first week.
- **Ongoing Counseling:** Weekly sessions available for up to three months.
- **Support Groups:** Access to monthly support groups connecting you with others who have experienced loss.
- **Resource Materials:** Information on coping with grief, available both in print and online.
- **Follow-Up:** Regular check-ins via phone or email for the first six months.

If you have any questions or need to schedule your initial consultation, please do not hesitate to contact us at [Hospital's Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]

[Contact Information]