

Letter of Discontinuation of Caregiving Assistance

Date: [Insert Date]

Recipient Name:

Recipient Address:

City, State, Zip Code

Dear [Recipient's Name],

We hope this letter finds you well. We are writing to formally notify you that, as of [Insert Discontinuation Date], we will be discontinuing the caregiving assistance services currently being provided to [Recipient's Name/Client's Name].

This decision has not been made lightly and comes after careful consideration of [reason for discontinuation, e.g., changes in care needs, scheduling conflicts, financial constraints]. We appreciate the time we have spent working together and hope we made a positive impact during our time together.

If you require assistance in transitioning to alternative care services or have questions regarding this discontinuation, please do not hesitate to reach out to us.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization Name]

[Your Contact Information]