

Disability Care Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], am writing to authorize [Caregiver's Name] to provide care and assistance for my [relationship, e.g., son, daughter, etc.], [Patient's Name], who has a disability. This authorization is effective from [Start Date] until [End Date] or until revoked in writing.

The following services are authorized:

- Personal care assistance
- Transportation to medical appointments
- Medication management
- Daily living support

Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information or clarification.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]