

Senior Care Assistance Registration

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally register for Senior Care Assistance on behalf of [Senior's Name]. We believe that your program will provide the necessary support and resources to enhance their quality of life.

Senior's Information:

- Name: [Senior's Name]
- Date of Birth: [DOB]
- Address: [Senior's Address]
- Contact Number: [Senior's Contact Number]

Please find attached the required documents for the application process. If you need any further information or documentation, do not hesitate to reach out.

Thank you for your attention and assistance in this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Contact Information]