[Date]

To the family of [Resident Name],

Welcome to [Facility Name]

We are honored that you have chosen [Facility Name] to care for your loved one. Our goal is to provide a safe, comfortable, and supportive environment tailored to the unique needs of our senior residents.

Moving In

To help [Resident Name] feel at home, we encourage you to bring personal items such as photos, a favorite quilt, or small mementos. Please ensure all clothing is clearly labeled with their name.

Communication and Updates

We believe in open communication with families. You will receive regular updates regarding health, medication, and social participation. If you have any questions, you may contact the following departments:

- **Nursing Station:** [Phone Number/Extension]
- **Social Services:** [Name and Phone Number]
- **Administration:** [Name and Phone Number]

Visiting Hours

Family involvement is vital to our residents' well-being. Our visiting hours are:
Daily: [Start Time] to [End Time]

Care Plan Meetings

A care plan meeting will be scheduled within [Number] days of admission. This meeting allows us to discuss goals, dietary needs, and therapy schedules with you and our clinical team.

Important Documents

Please ensure the administrative office has copies of the following:

- Power of Attorney (POA) documents
- Advanced Directives / DNR orders
- Insurance and Medicare cards

We look forward to getting to know your family. Thank you for trusting us with your loved one's care.

Sincerely,

[Your Name]
[Your Title]
[Facility Name]