[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Dear [Client Name],

Welcome to [Treatment Center Name]. We are pleased that you have chosen our facility to support you on your journey toward recovery and wellness. This letter provides an overview of your orientation and the support services available to you.

Orientation Schedule:
Your formal orientation is scheduled for [Date] at [Time]. During this session, we will cover:
- Facility rules and safety guidelines
- Your personalized treatment plan
- Daily schedules and group session timings
- Introduction to your primary counselor and medical team

Support Services:
To ensure your success, we offer the following support systems:
- 24/7 On-site clinical and nursing staff
- Individual and group therapy sessions
- Family support programs and educational workshops
- Peer support groups and mentorship

What to Bring:
Please ensure you have your identification, insurance information, and a list of current medications. A full list of permitted personal items is attached to this letter.

We understand that beginning treatment is a significant step. Our team is dedicated to providing a safe, compassionate, and healing environment. If you have any questions prior to your arrival, please contact our intake department at [Phone Number] or [Email Address].

We look forward to meeting you and supporting your progress.

Sincerely,

[Staff Name]
[Title]
[Treatment Center Name]