[Date]

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

Dear [Participant Name],

Welcome to the [Program Name] Fall Prevention Program. We are pleased that you have chosen to take this proactive step toward maintaining your independence and improving your physical safety.

Our program is designed to help you build strength, improve balance, and identify potential hazards in your daily environment. Over the next [Number] weeks, our team of specialists will provide you with the tools and exercises necessary to reduce your risk of falling.

Program Details:

- **Start Date:** [Date]
- **Meeting Time:** [Time]
- **Location:** [Location/Online Link]
- **What to Wear:** Comfortable clothing and sturdy, closed-toe shoes.

Enclosed you will find [List any attachments, e.g., a medical release form, a home safety checklist, or a schedule]. Please complete these documents and bring them to our first session.

If you have any questions or need to reschedule, please contact us at [Phone Number] or [Email Address].

We look forward to working with you and helping you stay steady on your feet.

Sincerely,

[Your Name]
[Your Title]
[Organization Name]