

[Date]

To [Patient Name] and Family,

Welcome to [Hospice Agency Name]. We are honored that you have chosen us to provide care and support during this time. Our goal is to ensure comfort, dignity, and the highest quality of life for you and your loved ones.

Your dedicated Hospice Care Team includes:

- **Registered Nurse (Case Manager):** [Name]
- **Social Worker:** [Name]
- **Spiritual Care Coordinator:** [Name]
- **Hospice Aide:** [Name]
- **Medical Director:** [Name]

Your Nurse Case Manager will visit regularly to manage symptoms and coordinate your care plan. Our Social Worker and Spiritual Care Coordinator are available to provide emotional and legacy support for both the patient and family members.

Important Contact Information:

Office Hours: [Time] to [Time], [Days of Week]

Main Office Phone: [Phone Number]

24/7 On-Call Support: [Phone Number]

Please do not hesitate to reach out to us at any time with questions or concerns. We are here to walk this journey with you.

Sincerely,

[Your Name/Signature]

[Title]

[Hospice Agency Name]