

[Date]

[Family Name]

[Address]

[City, State, Zip Code]

Dear [Family Name/Representative],

Welcome to [Facility/Organization Name]. We are honored that you have chosen us to care for [Patient Name] during this time. Our mission is to provide comfort, dignity, and compassionate support to your loved one and your entire family.

Our interdisciplinary team is here to assist you. This team includes:

- Physicians and Nurses: To manage pain and physical symptoms.
- Social Workers: To provide emotional support and resource planning.
- Chaplains/Spiritual Counselors: To offer spiritual care and reflection.
- Certified Nursing Assistants: To assist with daily personal care.
- Volunteers: To offer companionship and respite.

We understand that this is a difficult journey. We encourage you to ask questions, share your concerns, and communicate your preferences regarding [Patient Name]'s care plan. We are committed to honoring your family's wishes and ensuring the highest quality of life possible.

Enclosed in this packet, you will find information regarding our visiting hours, contact numbers for our 24-hour clinical staff, and resources for grief support.

Please do not hesitate to reach out to [Contact Person Name] at [Phone Number] if there is anything we can do to make you more comfortable.

Sincerely,

[Your Name]

[Your Title]

[Facility/Organization Name]