

SAMPLE LETTER:

## (Your Facilities Letterhead)

(Date)

To: The Veterans' Administration,

Mr./Ms. (name of patient) has resided at our assisted living facility since (date). He/she receives all the basic assisted living services that we offer and also receives extra assistance that is called a level of care.

His/her total monthly cost at (name of facility) follows:

(\$ dollars), which includes the basic assisted living services cost.

Level of care- (\$ dollars), depending on extra services required.

The current ADL's services that we currently provide him/her are as follows:

- 1) Eating,
- 2) Bathing/Showering,
- 3) Getting dressed and undressed,
- 4) Helping with toileting,
- 5) Transferring walking and help in/out of bed, standing/sitting daily due to weakness,
- 6) Continence, cleanup after bodily function accidents,

Other basic assisted living services included are as follows:

- 1) Medicine Management monitored by licensed nurses,
- 2) 24 Hr. nursing staff to monitor vital signs and report to doctor,
- 3) 24 Hr. emergency response system,
- 4) 24 Hr. routine checks on patients,
- 5) Housekeeping,
- 6) Laundry,
- 7) Trash pickup, etc.

Respectfully,

(Authorized signature and title)