

Compassionate Healthcare Housing Support

Subject: Patient Family Accommodation Confirmation

Dear [Family Member Name],

We understand this is a difficult time, and we're here to support you. We have confirmed accommodation near [Hospital Name] during [Patient Name]'s treatment period.

Accommodation Details:

Facility: [Facility Name]

Room: [Room Number]

Duration: [Start Date] to [End Date]

Daily Rate: Complimentary (covered by Patient Support Fund)

The facility is located just [Distance] from the hospital and includes:

- Kitchenette facilities
- Laundry access
- Complimentary shuttle to hospital
- 24/7 front desk support

Check-in is available anytime after [Time]. Please bring this letter and a photo ID. Our patient services coordinator, [Name], will meet with you upon arrival.

You're in our thoughts during this challenging time.

With care,

[Patient Services Director]

[Hospital/Organization Name]

[Contact Information]

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