

[Date: \_\_\_\_\_\_\_\_\_\_\_\_\_]

To Whom It May Concern,

We are pleased to introduce Somaniya, a nonprofit organization dedicated to providing home care support and services. Our mission at Somaniya is to enhance the quality of life for individuals and families by offering compassionate and comprehensive home care solutions tailored to their unique needs.

Please fill out the following form if you are interested in collaborating with Somaniya to provide home care support and services in your community:

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the areas of collaboration you are interested in:

[ ] In-home Care Services

[ ] Caregiver Training and Support

[ ] Respite Care Programs

[ ] Care Coordination and Case Management

Please provide any additional information or specific requests for collaboration:

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Thank you for considering Somaniya as a partner in your mission to provide home care support and services. We look forward to the opportunity to collaborate with you and make a positive impact on the lives of individuals and families in our community.

Sincerely,

[Your Name]

[Your Title/Position]

Somaniya

Contact Information:

Email: [Your Email Address]

Phone: [Your Phone Number]

Website: [Your Website URL]