

Professional Name

Agency

Address

City, State, Zip

Dear [INSERT PROFESSIONAL NAME]:

Thank you for referring your [CLIENT FIRST NAME LAST INITIAL] to the [INSERT YOUR ORGANIZATION’S NAME] CAPABLE(Community Aging in Place, Advancing Better Living for Elders) program.

[INSERT CLIENT FIRST NAME LAST INITIAL] was screened and agreed to participate. We look forward to sharing his/her CAPABLE success story once they complete the program (4-6 months).

If you have any questions or would like to refer additional clients to the program, please contact us at: [CONTACT NAME, EMAIL, and PHONE #]. As a reminder, the criteria to participate in the CAPABLE is:

* Age 65 or higher
* Cognitively intact (need to be able to set their own goals and follow through from session to session )
* Some or a lot of difficulty in performing at least one activity of daily living

Thank you again for advocating for your clients and connecting them to the CAPABLE program. We’re excited to be one of the first organizations offering it in this area.

Sincerely,

**Name, Lead Registered Nurse Name, Lead Occupational Therapist**