

Respite Request Letter Template

Send to your SSA or care manager.

Copy this letter onto your own stationery, fill in the blanks, and send it to your Service & Support Administrator or care manager. Keep a copy.

Date

To: SSA / care manager name & email

From: caregiver name & relationship

Re: Respite request for [individual's name], DOB _____

I am the primary unpaid caregiver for [name]. I am writing to formally request additional respite hours under their current waiver. Respite is medically necessary to sustain the home placement and prevent caregiver collapse, which would result in a higher level of care.

WHY RESPITE IS NEEDED NOW

Current weekly care hours I provide

Recent changes in health, behavior, or supports

Impact on my own health, work, or other family members

WHAT I AM REQUESTING

Hours per week / month requested

Preferred provider (if any)

Start date

Please confirm receipt of this request and let me know what documentation you need from the primary care physician. I am available by phone at the number above.

Signature

Printed name & date
