[Date: 1 January 2020]

[Current provider name]

[Current provider address (optional)]

Dear [Current provider Name]

I am presently receiving a Level [1/2/3/4] (highlight level applicable) Home Care Package and receive the following services from you:

* [List services and frequency e.g. medication management weekly]

I would like to advise that I will be moving my package to Cabanda Care.

[List any feedback you would like to provide – this is optional]

I would like to request that my final services be delivered on [insert the date: e.g. Tuesday 1st January 2020].

Please contact me at your earliest convenience to agree on a cessation date for my services. I can be contacted at [insert best contact and time of day].

Yours sincerely,

[Your full name]

[Your client number (optional)]

Please feel free to contact Cabanda Home Care on 5464 2392 to discuss your personal needs so we can assist you to remain living safely and independently in your own home.