[ADD YOUR NAME, ADDRES AND EMAIL ADDRESS

OR USE PERSONAL LETTERHEAD]

[DATE]

Mr. James McLemore

Certificate of Need

Agency for Health Care Administration

2727 Mahan Drive

Tallahassee, FL 32308

RE: CATHOLIC HOSPICE, INC.

CERTIFICATE OF NEED APPLICATION TO EXPAND SERVICE COVERAGE IN PALM BEACH COUNTY

Dear Mr. McLemore:

My name is [INSERT YOUR NAME HERE] and I am a resident of Palm Beach County.

I am writing in strong support of Catholic Hospice, Inc.’s proposal to extend service coverage into hospice subdistrict 9C, Palm Beach County, Florida. We welcome their hospice services to the healthcare continuum in our District.

Hospice services are a key element of mission-oriented care. We understand that Catholic Hospice has an excellent reputation in our neighboring counties. We are quite pleased that Catholic Hospice has a plan and the ability to extend their hospice services into Palm Beach County in order to meet the community’s needs for hospice care. They offer some much-needed services including a staff that is 82% multilingual and fluent in 8 foreign languages. They also provide a bereavement camp for children ages 6-17 who have experienced the loss of a loved one. As a non-profit, faith-based organization, their programs serve patients of all faiths including their L’Chaim Jewish Hospice Program which is accredited by the National Institute for Jewish Hospice. Catholic Hospice’s reputation for innovation is one of the many reasons we support their application. As Palm Beach County continues to grow and diversify, we need a hospice provider that is willing to grow with the diverse needs of our community.

I believe Catholic Hospice will be committed to providing great access to hospice services in our community and I strongly support Catholic Hospice expanding into Palm Beach County to meet the county’s hospice patient’s needs. These needs may be met either at the patient’s home or an inpatient facility when they are unable to be maintained at home due to acute symptom and pain management, while concurrently supporting their families and caregivers in a compassionate dedicated hospice environment.

Thank you,

[SIGNATURE]

[NAME]