



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

KODY KINSLEY • Deputy Secretary for Behavioral Health & IDD

HELEN WOLSTENHOLME • DSOHF Director

GRETA REATH, MSW, NHA • Director

DATE: _____

TO: _____

RE: _____

The above named patient has applied to participate in our respite program. We provide up to 30 days a year respite care to family members who are caring for a loved one at home. We primarily serve elderly patients with some component of cognitive decline who require 24-hour care to maintain themselves in the community. We do not provide medical services as part of respite but continue the patient's medication as prescribed by you and other outpatient medical providers. If medical issues arise during their stay our staff will contact the Guardian/ Family, and if necessary have them transported to the emergency room. Given the often-fragile medical nature of these respite clients, it is helpful for us to have some medical history available in the event of a change in medical status. **Your patient's family has applied to our respite program; as part of that application process we request their most recent history and physical and any recent progress notes be sent to our care team. Information regarding recent medical events or changes would also be helpful.** We appreciate your understanding and cooperation with this and your help in providing some respite for these family members who are working to keep their loved one at home.

If you have questions regarding our program, please feel free to give us a call at 828-259-6900. Thank you for your attention to this matter.

Please send the above information to our confidential fax.

The Greenwood Inn/Respite Unit at 828-259-6685.

Sincerely,

William Moomaw, M.D.
Facility Medical Director

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • BLACK MOUNTAIN NEURO-MEDICAL TREATMENT CENTER

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER