

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Agency/Organization Name]  
[Agency Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request support through the In-Home Supportive Services (IHSS) program for my [relationship to the recipient, e.g., mother, father, etc.], [Recipient's Name]. Due to [briefly explain the medical condition or disability], [he/she/they] requires assistance with daily living activities.

My [relationship, e.g., mother] has been diagnosed with [specific condition], which limits [his/her/their] ability to [specific activities affected, e.g., bathing, meal preparation, medication management, etc.]. As [his/her/their] primary caregiver, I provide essential support that enables [him/her/them] to remain in the comfort of [his/her/their] home. The following details outline the types of assistance required for [Recipient's Name]:

1. [List specific tasks needed, e.g., assistance with bathing, grooming, feeding, light housekeeping]
2. [Additional support that may be necessary, e.g., transportation to medical appointments, medication reminders]
3. [Any other pertinent information regarding care needs]

With this letter, I am requesting that [Recipient's Name] be evaluated for eligibility for IHSS to continue receiving the necessary support. I have enclosed all relevant documentation, including [list any supporting documents you're including, e.g., medical records, assessment forms, etc.].

Thank you for your attention to this matter. I appreciate your consideration, and I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]