

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

Dear [Recipient's Name],

Subject: Caregiver Verification for In-Home Supportive Services (IHSS)

I am writing to verify the employment of [Caregiver's Name], who has been providing caregiving services for [Recipient's Name or "myself"] since [Start Date].

[Caregiver's Name] has performed a variety of tasks including, but not limited to:

- Personal care assistance
- Meal preparation
- Medication management
- Light housekeeping

These services have been essential for [Recipient's Name] to maintain a level of independence and quality of life. [Caregiver's Name] has consistently demonstrated reliability, compassion, and professionalism in their role.

Should you require any additional information or documentation regarding [Caregiver's Name]'s employment, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Relationship to Recipient]