

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]

[Date]
[Recipient Name]
[IHSS Agency Name]
[Agency Address]
[City, State, ZIP Code]

Subject: Change of Provider Notification

Dear [Recipient Name],

I am writing to formally notify you of a change in my In-Home Supportive Services (IHSS) provider. Effective [Date], my new provider will be [New Provider's Name], with the following contact information:

- Phone Number: [New Provider's Phone Number]
- Address: [New Provider's Address]

I kindly request that you update your records to reflect this change. My previous provider, [Previous Provider's Name], will no longer be providing services as of [Last Date of Previous Provider's Services].

Thank you for your attention to this matter. If you require any additional information or documentation, please feel free to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your IHSS Case Number]