

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

[Recipient Name]  
[Recipient Title]  
[Agency/Organization Name]  
[Agency Address]  
[City, State, Zip Code]

Subject: IHSS Eligibility Determination

Dear [Recipient Name],

I am writing to formally request an eligibility determination for the In-Home Supportive Services (IHSS) program. Below are my details for your review:

**\*\*Applicant Information:\*\***

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN]
- Address: [Your Address]
- Phone Number: [Your Phone Number]

**\*\*Health and Functional Assessment:\*\***

- Description of Medical Condition(s): [Brief description of your medical conditions]
- Limitations: [List specific daily living activities that you need assistance with]

**\*\*Care Needs:\*\***

- Type of assistance required: [Specify types of support needed, e.g., personal care, housekeeping]
- Hours needed per week: [Estimate the number of hours of care you need]

Enclosed are my supporting documents, including medical records and any relevant assessments to help evaluate my needs.

Thank you for your attention to this matter. I look forward to your prompt response regarding my eligibility for IHSS services.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]