

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Date]  
[Recipient Name]  
[Department/Agency Name]  
[Address]  
[City, State, Zip Code]

Subject: Notice of Action - IHSS

Dear [Recipient Name],

This notice is to inform you about the action taken regarding your In-Home Supportive Services (IHSS) application.

1. \*\*Your Application ID:\*\* [Application ID]
2. \*\*Date of Application:\*\* [Date of Application]
3. \*\*Service Start Date:\*\* [Service Start Date]
4. \*\*Reason for Action:\*\* [Approval/Denial/Modification]
5. \*\*Effective Date of Action:\*\* [Effective Date]

\*\*Details of Action:\*\*

- [Provide specific details about the services being granted or denied, including reasons and any relevant information.]

\*\*Your Rights:\*\*

You have the right to appeal this decision. If you wish to appeal, please contact [Contact Information] within [number of days] days of receiving this notice.

If you have any questions or need assistance, please don't hesitate to reach out to our office at [Phone Number] or [Email Address].

Sincerely,

[Your Name]  
[Your Title]  
[Department/Agency Name]  
[Phone Number]  
[Email Address]