

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

[Recipient's Name]
[Recipient's Title]
[IHSS Agency Name]
[Agency Address]

[City, State, ZIP Code]

Subject: Termination of IHSS Program

Dear [Recipient's Name],

I am writing to formally notify you of the termination of my participation in the In-Home Supportive Services (IHSS) program, effective [termination date].

[Optional: Brief reason for termination, e.g., "Due to changes in my health circumstances" or "I no longer require the services."]

Please consider this letter as my official request to end my services and conduct any necessary follow-up procedures. If there are any forms or additional information needed from my side, kindly let me know.

I appreciate the support I have received during my time in the program.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]