

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

[IHSS Office Name]
[Office Address]
[City, State, Zip Code]

Subject: Request for IHSS Re-evaluation

Dear [IHSS Coordinator's Name],

I hope this letter finds you well. I am writing to formally request a re-evaluation of my In-Home Supportive Services (IHSS) case. My current circumstances have changed significantly since my last assessment on [Date of Last Assessment], and I believe a re-evaluation is necessary to ensure that I receive the appropriate level of support.

[Briefly describe the changes in your condition or circumstances, e.g., new medical diagnoses, increased care needs, etc.]

Given these changes, I am requesting that an assessment be scheduled at your earliest convenience. I believe that a new evaluation will demonstrate my current needs and the level of assistance required to maintain my health and well-being.

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] to schedule the re-evaluation or to discuss any further information needed.

Sincerely,

[Your Name]

[Your IHSS Case Number] (if applicable)