

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

Dear [IHSS Office or Specific Person's Name],

Subject: Application for In-Home Supportive Services (IHSS)

I am writing to formally apply for In-Home Supportive Services (IHSS) due to my need for assistance with daily living activities. I am [Your Age] years old and reside at [Your Address].

My current situation includes [briefly describe your medical condition or disability that necessitates IHSS, such as difficulty in performing personal care tasks, mobility issues, etc.]. Due to these circumstances, I find it challenging to manage daily activities such as [list specific tasks you need help with, e.g., bathing, dressing, meal preparation, etc.].

I kindly request that my application for IHSS be processed as soon as possible. I have attached all required documentation, including medical records and any necessary forms.

Thank you for your attention to my application. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]