

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title/Position]
[Agency Name]
[Agency Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for IHSS Service Hours Adjustment

I hope this letter finds you well. I am writing to formally request an adjustment to my In-Home Supportive Services (IHSS) hours due to [briefly explain reason, e.g., a change in my health condition, increased care needs, etc.].

Currently, my authorized hours are [current hours] per week, but I believe that an increase to [requested hours] per week would be more appropriate to meet my needs effectively.

To support my request, I have attached [mention any relevant documents, such as a doctor's note or care plan]. I appreciate your attention to this matter and hope to hear from you soon regarding a review of my request.

Thank you for your time and assistance.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Your Client Number, if applicable]