

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

[Recipient's Name]
[Department Name]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally apply for the In-Home Supportive Services (IHSS) program. My name is [Your Full Name], and I am seeking assistance to support my [explain your relationship to the person needing care, e.g., "parent," "spouse," "child," etc.], who has [briefly describe the medical condition or disability].

The need for in-home assistance has become crucial due to [explain the specific reasons for needing support, e.g., "reduced mobility," "cognitive challenges," etc.]. I believe that the IHSS program will enable [Name of the person needing care] to receive the necessary support while remaining in the comfort of our home.

I have attached all required documentation, including [list any enclosed documents, e.g., "medical records," "proof of residency," "identification," etc.], that support this application.

I appreciate your time and consideration of my application. Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]