

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

[Recipient Name]
[Recipient Title (if applicable)]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Application for IHSS Program

I am writing to formally apply for the In-Home Supportive Services (IHSS) program. I am seeking assistance due to [briefly explain your condition or situation that necessitates IHSS].

[Explain your specific needs and how IHSS can assist you.]

I have attached all necessary documentation to support my application, including [list any relevant documents, such as medical records, identification, etc.].

Thank you for considering my application. I look forward to the opportunity to discuss this matter further.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]