

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Organization/Agency Name]
[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 Name], and I am a [Age] year-old [brief description of your situation, e.g., senior citizen, individual with a disability, etc.], residing at [Your Address].

Due to [briefly explain your needs or circumstances that necessitate assistance, e.g., physical limitations, medical condition], I require support with daily living activities including [list specific tasks, e.g., bathing, meal preparation, medication management].

I believe that the IHSS program can provide the necessary assistance to help me maintain a safe and healthy living environment. Attached to this letter are the required documents, including [list documents, e.g., proof of income, medical records, identification, etc.].

Thank you for considering my application. I look forward to your response and hope to discuss my situation in further detail.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]