

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

[Recipient's Name]  
[Recipient's Title/Position]  
[Agency/Organization Name]  
[Agency Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to recommend [Applicant's Name] for the In-Home Supportive Services (IHSS) program. I have known [Applicant's Name] for [duration] and can attest to their [qualities related to caregiving, such as compassion, reliability, and dedication].

[Applicant's Name] has demonstrated exceptional skills in providing care, including [specific responsibilities or experiences, e.g., assisting with daily living activities, managing medications, etc.]. Their ability to [specific skill or quality] has significantly improved the quality of life for those they care for.

I believe that [Applicant's Name] would be an excellent candidate for the IHSS program, and I strongly recommend them without reservation.

Thank you for considering this application. If you require any further information, please feel free to contact me at [your phone number] or [your email address].

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Relationship to the Applicant]