

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Organization/Agency Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to apply for IHSS assistance for [Specify the reason for assistance, e.g., "my elderly parent," "my disabled spouse," etc.].

[Provide a brief explanation of your situation, including the nature of the condition, how it affects daily living, and the need for assistance.]

I believe that IHSS is essential for ensuring the care and support required to [mention the benefits of receiving assistance, e.g., "maintain their dignity," "enhance their quality of life," etc.].

Enclosed are the necessary documents to support my application, including [list documents such as medical records, proof of residence, etc.].

Thank you for considering my application. I look forward to your prompt response and am available for any further information or clarification needed.

Sincerely,  
[Your Name]