

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

Subject: IHSS Renewal Application

Dear [Recipient's Name],

I am writing to formally request the renewal of my In-Home Supportive Services (IHSS) application. My case number is [Your Case Number].

I have been receiving IHSS services since [Start Date] and have greatly benefited from the assistance provided. Due to [briefly explain any changes in circumstances or continued need for services], I am in need of continued support.

Attached to this letter, you will find the required documentation for my renewal application, including [list any documents you are including, such as medical records, income statements, etc.].

Please let me know if any additional information is needed to complete my renewal process. I appreciate your attention to my application and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]