

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Department Name]  
[Office Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally apply for In-Home Supportive Services (IHSS) for [Name of the person needing assistance], who is [relationship to you, e.g., my mother, father, etc.]. Due to [briefly explain the medical condition or reason], they require assistance with daily living activities.

The specific services needed include:

- [List specific tasks, e.g., personal care, meal preparation, companionship, etc.]
- [Continue listing if necessary]

Attached are the necessary documents to support this application, including:

- [List documents, e.g., medical reports, identification, etc.]

I appreciate your assistance in processing this application and look forward to your prompt response. If you need any additional information, please feel free to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]