

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

[Recipient Name]  
[Department of Social Services]  
[Address]  
[City, State, Zip Code]

Subject: Request for In-Home Supportive Services (IHSS) Eligibility

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request an evaluation for In-Home Supportive Services (IHSS) eligibility.

I am [Your Full Name], and I currently reside at [Your Address]. Due to [briefly explain your medical condition/disability], I require assistance with daily living activities such as [list specific activities like bathing, dressing, eating, etc.].

[Optional: Include any relevant medical documentation or statement from your healthcare provider regarding your condition and need for support.]

I would appreciate your timely assistance in processing my request for IHSS eligibility. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you need further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature, if sending a hard copy]