

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

Dear [Recipient's Name],

I am writing to formally apply for In-Home Supportive Services (IHSS) for [insert name of the individual needing assistance], who is [his/her/their] caregiver. [Insert a brief explanation of the individual's condition and the specific assistance needed].

Given the circumstances, I believe that IHSS would be invaluable in providing [insert individual's name] the necessary support to maintain their quality of life in a safe and comfortable environment. I am requesting assistance with [list specific tasks needed, e.g., personal care, meal preparation, medication management, etc.].

Attached are the required documents to support this application, including [list any supporting documents such as medical records, proof of income, etc.]. I would appreciate the opportunity to discuss this application further and provide any additional information as needed. Thank you for considering this request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]