

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

Dear [Recipient Name],
Subject: Approval of IHSS Benefits

We are pleased to inform you that your application for In-Home Supportive Services (IHSS) benefits has been approved as of [Approval Date]. You are now enrolled in the IHSS program, and we commend you for taking this important step in securing the assistance you need.

Your approved benefits include:

- Personal Care Services
- Meal Preparation Assistance
- Housekeeping Services
- [Any other specific services approved]

Please be aware that your benefits are effective from [Start Date] and will continue as long as you remain eligible. We encourage you to review the attached guidelines and responsibilities related to your IHSS services.

For any questions regarding your IHSS benefits or to discuss your service provider options, feel free to contact us at [Contact Number] or [Contact Email].

Congratulations on your approval, and thank you for being a part of our program.

Sincerely,
[Your Signature]
[Your Printed Name]
[Your Title]
[Department/Organization Name]