

[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]

Dear [Recipient's Name],

I am writing to formally request benefits through the In-Home Supportive Services (IHSS) program for my [relation], [Name of Individual Needing Care], who is currently [briefly describe the disability or condition]. [Provide a brief explanation of the situation, including any relevant details about the individual's needs for support and care.]

I believe that the IHSS program will assist in providing the necessary support for [Name of Individual Needing Care], thereby enhancing their quality of life. I have enclosed all required documentation, including [list any attached documents, such as medical records, assessments, etc.].

I appreciate your prompt attention to this matter, and I look forward to your positive response. Please feel free to contact me at [your phone number] or [your email address] if you require any additional information or documentation.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]