

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

Dear [Recipient Name],

I am writing to request support for my benefits under the In-Home Supportive Services (IHSS) program. I believe that my current situation qualifies me for additional assistance, and I would like to provide relevant information for your consideration.

[Briefly describe your situation and needs. Include any relevant medical conditions, limitations, or circumstances requiring IHSS support.]

I am currently receiving [state your current benefits/status], and I believe that an increase in support would greatly enhance my quality of life and enable me to maintain my independence.

I appreciate your attention to this matter and any assistance you can provide. Please feel free to contact me at [your phone number] or [your email address] should you need any further information.

Thank you for your support.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]