

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

Dear [Recipient's Name],

I am writing to confirm the status of my In-Home Supportive Services (IHSS) benefits. As of [date], my application for IHSS has been approved/denied, and my current status is [specific status details]. Please find below the relevant information:

- Name: [Your Name]
- Case Number: [Your Case Number]
- Effective Date of Benefits: [Date]
- Approved Hours per Month: [Number of Hours]

If you require any additional information or documentation, please feel free to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]