

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

Dear [Recipient's Name],

I am writing to express my intent to apply for In-Home Supportive Services (IHSS) benefits. I am seeking support due to [briefly outline your needs or circumstances, e.g., disability, age, specific health challenges].

I believe the IHSS program will greatly assist me in maintaining my independence and ensuring I receive the necessary care and support I require. My specific needs include [list specific services you are requesting, e.g., assistance with personal care, meal preparation, etc.].

I am committed to providing any further information necessary to facilitate my application. Thank you for considering my request. I look forward to your response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]