

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title]
[Organization/Agency Name]
[Organization Address]
[City, State, ZIP Code]

Subject: Notification of Changes to IHSS Benefits

Dear [Recipient Name],

We are writing to inform you of important changes regarding your In-Home Supportive Services (IHSS) benefits that will take effect on [effective date].

[Briefly describe the nature of the changes, e.g., increase or decrease in hours, changes in funding, new eligibility criteria, etc.]

We understand that this change may impact your services, and we are committed to assisting you during this transition. If you have questions or need further assistance, please do not hesitate to contact us at [contact information].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Name]
[Your Title/Relationship to the Recipient]
[Your Organization (if applicable)]