

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

Dear [Recipient's Name],
I am writing to formally apply for In-Home Supportive Services (IHSS) benefits on behalf of [Name of the individual needing services].

[Provide a brief background about the individual, including their age, health condition, and any relevant details.]

Due to [specific reasons such as medical conditions, disabilities, or age-related issues], [Name] requires assistance with activities of daily living, including [list specific tasks, e.g., bathing, meal preparation, medication management].

Enclosed are the necessary documents to support this application, including [list any attached documents, such as medical records, proof of residency, etc.].

I appreciate your attention to this matter and look forward to your prompt response. If you require any additional information or documentation, please do not hesitate to contact me at [your phone number or email].

Thank you for your assistance.
Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]