

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

[IHSS Office Address]  
[City, State, ZIP Code]

Subject: Renewal of IHSS Benefits

Dear [IHSS Caseworker's Name or "To Whom It May Concern"],  
I hope this letter finds you well. I am writing to formally request the renewal of my In-Home Supportive Services (IHSS) benefits. My current benefits are set to expire on [expiration date], and I would like to continue receiving assistance for my ongoing needs.

My case number is [Your Case Number], and my current caregiver is [Caregiver's Name]. The services provided have been invaluable in helping me maintain my independence and quality of life.

I have attached all necessary documentation, including the completed renewal application and any required medical forms, to support my request. Please let me know if any additional information is needed to facilitate this process.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]