

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

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

Dear [Recipient Name],

I am writing to support the IHSS waiver application for [Applicant's Name]. As [your relationship to the applicant], I have witnessed firsthand the challenges faced by [him/her/them] in daily living activities due to [briefly describe the applicant's condition or situation].

[Provide specific examples of the applicant's needs and why they require the IHSS waiver, including any relevant experiences that illustrate the impact of their condition on their life and the support required.]

I believe that receiving this waiver will significantly improve [Applicant's Name]'s quality of life by allowing [him/her/them] to access necessary in-home services.

Thank you for considering this application. If you have any questions or need further information, please feel free to contact me at [your phone number] or [your email address].

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]