

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

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

Subject: IHSS Waiver Confirmation

Dear [Recipient Name],

I am writing to confirm the receipt of my In-Home Supportive Services (IHSS) waiver. My application was submitted on [Submission Date], and I am grateful for the approval reflected in your correspondence dated [Approval Date].

Please find below the details regarding my IHSS waiver:

- Recipient Name: [Your Name]
- Case Number: [Case Number]
- Effective Date of Waiver: [Effective Date]
- Services Approved: [List of Services]

I appreciate your assistance in this matter and look forward to receiving further information regarding the next steps. Should you need any additional information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]