

[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]

Dear [Recipient Name],

Subject: IHSS Waiver Documentation

I am writing to formally request documentation regarding my In-Home Supportive Services (IHSS) waiver. This request is made to ensure that I have all necessary paperwork in order to [explain the purpose, e.g., maintain eligibility, apply for additional services, etc.].

Please find attached any relevant forms and identification required to process this request. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your IHSS Case Number (if applicable)]