

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

[Recipient's Name]
[Recipient's Title]
[Agency/Organization Name]
[Address]
[City, State, ZIP Code]

Subject: IHSS Waiver Eligibility Notification

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally notify you of my eligibility for the In-Home Supportive Services (IHSS) waiver as of [date of eligibility].

Based on the assessment conducted on [date of assessment], I meet the necessary criteria for receiving in-home supportive services as outlined by [specific regulations or guidelines]. This eligibility allows me to access vital services that will support my health and overall quality of life.

The specific areas where I require assistance include:

1. Personal care services
2. Meal preparation
3. Housekeeping
4. Transportation support

I kindly request that you provide me with further information regarding the next steps in the process to initiate these services. Should you need any additional documentation or clarification regarding my status, please feel free to contact me at [phone number] or [email address].

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]

[Your Case Number (if applicable)]