

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

[Recipient's Name]
[Recipient's Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for IHSS Waiver Hardship

I hope this letter finds you well. I am writing to formally request a waiver related to my In-Home Supportive Services (IHSS) due to financial and personal hardships that my family and I are currently facing.

[Explain your current situation, including any relevant background information that led to this hardship. Be specific about the challenges you are encountering, such as medical issues, loss of income, or increased care needs.]

Given these circumstances, maintaining consistent and adequate care for my [mention the individual you are caring for or receiving services for, e.g., "disabled child," "elderly parent"] has become increasingly difficult. I am committed to providing the support he/she needs, but without assistance through the IHSS program, it is becoming an overwhelming challenge.

I kindly request that you consider my situation under the waiver provisions available, as I believe my circumstances warrant special consideration. I am happy to provide any additional documentation or information that may be required in support of my request.

Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]