

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Title/Position]  
[Organization/Agency Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Justification for IHSS Waiver Request

I am writing to formally request a waiver under the In-Home Supportive Services (IHSS) program. Due to [briefly explain your situation, e.g., a specific medical condition, need for assistance, etc.], I believe that my circumstances warrant consideration for this request.

[Provide additional details about your situation, such as the challenges you face, the level of care needed, any relevant medical documentation or assessments, and how a waiver would improve your quality of life.]

I appreciate your attention to this matter and hope for a favorable response. Please feel free to contact me at [your phone number] or [your email address] if you require any further information or documentation.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]