

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

[Recipient's Name]
[Recipient's Position]
[IHSS Agency Name]
[Agency Address]
[City, State, Zip Code]

Subject: Request for IHSS Waiver

Dear [Recipient's Name],

I am writing to formally request a waiver for the In-Home Supportive Services (IHSS) program on behalf of [Disabled Individual's Name], who is a qualified disabled individual under [mention any relevant laws or regulations].

[Disabled Individual's Name] has been assessed and determined to require assistance with activities of daily living due to [briefly describe the disability and how it affects their daily life]. As their [relationship to disabled individual], I am committed to ensuring they receive the necessary support to live safely and independently at home.

Due to [provide specific reasons for requesting the waiver, e.g., financial constraints, lack of available services, etc.], we believe that a waiver is essential to meet [Disabled Individual's Name]'s needs without compromising their well-being.

Please find attached [mention any supporting documents, e.g., medical assessments, financial statements, etc.], which further detail the request and circumstances.

We appreciate your consideration of this waiver request and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending by mail)]

[Your Title or Relationship to Disabled Individual]