

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

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

Subject: Request for IHSS Waiver for [Family Member's Name]

Dear [Recipient Name],

I am writing to formally request an In-Home Supportive Services (IHSS) waiver for my [relationship to family member, e.g., "mother," "father," "sister," etc.], [Family Member's Name], who is [age] years old and resides at [Family Member's Address].

[Family Member's Name] is currently facing [briefly describe the medical condition or disability], which has significantly impacted their ability to carry out daily activities independently. As a result, they require assistance with tasks such as [list specific tasks, e.g., bathing, cooking, cleaning, etc.].

Given these circumstances, I believe that an IHSS waiver would greatly benefit [Family Member's Name]'s quality of life by allowing them to receive the necessary support while remaining in the comfort of their home.

Attached, please find the required documentation, including [list the documents, such as medical records, proof of identity, etc.].

Thank you for considering this request. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]