

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

[Provider's Name]  
[Provider's Address]  
[City, State, Zip Code]

Dear [Provider's Name],

Subject: IHSS Waiver Approval

I hope this message finds you well. I am writing to formally notify you about the approval of the IHSS waiver for [Client's Name], effective [Start Date].

As discussed, this waiver allows for [specific details about what the waiver entails or changes in care]. We appreciate your support and collaboration in ensuring [Client's Name] receives the necessary care. Please let me know if you require any additional information or documentation related to this waiver. We look forward to continuing our partnership in providing quality care.

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Title/Relationship to Client]  
[Signature (if sending a hard copy)]