

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

[Social Services Department Name]
[Social Services Office Address]
[City, State, Zip Code]

Subject: IHSS Waiver Request

Dear [Name of the Social Services Representative],
I hope this letter finds you well. I am writing to formally request a waiver for the In-Home Supportive Services (IHSS) program.

[Provide a brief background about your situation, including any relevant health or personal issues that necessitate the waiver.]

I believe that receiving this waiver will significantly improve my ability to [explain how receiving the waiver will benefit you and improve your circumstances].

Enclosed with this letter are the necessary documents to support my request, including [list any attachments, such as medical records, income statements, etc.].

I appreciate your time and consideration of my request. Please feel free to contact me at [your phone number] or [your email address] if you require any additional information or documentation.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]