

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization/Agency Name]

[Address]

[City, State, Zip Code]

Subject: Request for IHSS Waiver

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a waiver for the In-Home Supportive Services (IHSS) program. My name is [Your Name], and I am a [briefly describe your situation, e.g., "disabled individual in need of assistance to maintain my daily activities"].

Due to [briefly explain the reason for your waiver request, e.g., "changes in my health condition" or "increased need for support"], I am in urgent need of additional assistance. I have attached [mention any relevant documents, e.g., "medical records," "proof of income," etc.] to support my case.

I kindly ask for your consideration of my request, as the support from the IHSS program is crucial for my daily living. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Case Number (if applicable)]

[Attachments: List any documents you are including]