

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

[Recipient's Name]
[Recipient's Title]
[Department/Agency Name]
[Address]
[City, State, ZIP Code]

Subject: IHSS Waiver Modification Request

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a modification to my In-Home Supportive Services (IHSS) waiver.

[Briefly explain your current situation and reason for the request.

Include any relevant details such as changes in health condition, changes in caregiver needs, or any other pertinent information.]

Based on these circumstances, I kindly request the following modifications:

1. [Specify the modification needed, e.g., increase in hours, changes in caregiver type, etc.]
2. [Specify any additional adjustments if necessary.]

I have attached relevant documentation to support my request, including [list any documents, such as medical records, assessment reports, etc.].

Thank you for your attention to this matter. I look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] if you need any further information.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]