

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

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

Subject: IHSS Waiver Notification

Dear [Recipient Name],

I am writing to formally notify you of my intent to [request/notify]
about the IHSS waiver for [reason for waiver].

[Provide details regarding the situation, including any relevant dates
and supporting information.]

Please let me know if you require any additional information or
documentation to process this request. I appreciate your prompt attention
to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]