

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

[Date]  
[IHSS Office Name]  
[IHSS Office Address]  
[City, State, Zip Code]

Subject: IHSS Waiver Renewal Request

Dear [IHSS Case Manager's Name or "To Whom It May Concern"],  
I am writing to formally request the renewal of my IHSS (In-Home Supportive Services) waiver. My waiver number is [Your Waiver Number], and it is set to expire on [Expiration Date].

I have been receiving IHSS services to assist with [briefly explain your needs, e.g., daily living activities] due to [briefly explain your medical condition or disability].

Please find enclosed any required documentation to support my renewal application, including:

- [List of documents, e.g., medical records, proof of income, etc.]

I appreciate your attention to this matter and look forward to your prompt response regarding the renewal process. If there are any further requirements or questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]