

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

[Recipient's Name]
[Recipient's Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Subject: Request for IHSS Waiver Statement

Dear [Recipient's Name],

I am writing to formally request a waiver statement for the In-Home Supportive Services (IHSS) program. My name is [Your Name], and my application for IHSS was submitted on [Date of Application].

Due to [briefly explain your circumstances and why a waiver is needed], I am seeking your assistance in obtaining this waiver. The care provisions through IHSS are essential for my well-being and allow me to maintain my independence.

Attached to this letter are relevant documents regarding my situation, including [list any documents, such as medical records, application references, or identification].

I appreciate your attention to this matter and hope to hear back from you at your earliest convenience. Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if mailed)]