

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

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

Subject: IHSS Waiver Summary

Dear [Recipient's Name],

I am writing to provide a summary of the IHSS (In-Home Supportive Services) waiver application for [Name of the Individual], who requires assistance with daily living activities due to [brief description of disability or condition].

1. **\*\*Applicant Information\*\***

- Name: [Name of Individual]
- Date of Birth: [DOB]
- Address: [Address]
- Case Number: [IHSS Case Number]

2. **\*\*Waiver Request Details\*\***

- Type of Waiver Requested: [Specify type]
- Reason for Waiver: [Explain the need for the waiver]

3. **\*\*Eligibility Criteria\*\***

- Documentation of Disability: [Briefly summarize documents provided]
- Financial Need: [Summarize financial need and eligibility criteria met]

4. **\*\*Services Requested\*\***

- [List specific services requested]
- [Describe any additional needs or special considerations]

5. **\*\*Conclusion\*\***

We respectfully request that the IHSS waiver be approved to ensure that [Name of Individual] receives the necessary support to maintain their health and well-being at home.

Thank you for your attention to this matter. Please feel free to contact me at [phone number] or [email address] should you have any questions or require further information.

Sincerely,

[Your Name]

[Your Title/Relationship to Applicant]