

[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]

Dear [Recipient Name],

I am writing to formally request a waiver for the In-Home Supportive Services (IHSS) program on behalf of [Recipient's Name]. [Briefly explain the situation and reasons for the waiver request, including any pertinent medical or personal details that support the request.]

[Provide additional information about the individual's needs, the impact of their condition, and why the waiver is necessary for their care and well-being.]

I have attached [list any relevant documents or information that supports your request, such as medical records, care plans, etc.]. I kindly ask that you consider this request and grant the waiver to ensure that [Recipient's Name] receives the necessary support and services.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Relationship to Recipient]
[Your Title if applicable]