

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

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

Subject: IHSS Payment Adjustment Request

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request a review and adjustment of my IHSS payment. My details are as follows:

- Recipient Name: [Your Name or Recipient's Name]
- IHSS Case Number: [Your Case Number]
- Date of Birth: [Recipient's Date of Birth]
- Address: [Recipient's Address]

I believe an adjustment is necessary due to [briefly explain the reason for the adjustment request, e.g., changes in care needs, discrepancies in payment amounts, etc.].

I kindly ask for your attention to this matter and look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] if you require any additional information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]