

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

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

Dear [Recipient Name],

Subject: Termination of IHSS Payment

I hope this letter finds you well. I am writing to formally notify you of the termination of my In-Home Supportive Services (IHSS) payments effective [termination date].

[Explain the reason for termination briefly, e.g., change in circumstances, no longer requiring services, etc.]

Please consider this letter as a written notice of my decision. I kindly ask that you update your records accordingly and confirm the termination of my IHSS payment.

Thank you for your assistance in this matter.

Sincerely,

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