

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

Dear [Recipient Name],

I am writing to formally express my interest in becoming a provider for the In-Home Supportive Services (IHSS) program. I understand the importance of providing care and support to individuals who need assistance, and I am committed to delivering high-quality services. Please find attached my application and relevant documentation for your review. I am eager to discuss how I can contribute to the well-being of those in need.

Thank you for considering my application. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]