

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Agency/Organization Name]
[Agency Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: IHSS Provider Acknowledgment

I am writing to formally acknowledge my acceptance of the role as an In-Home Supportive Services (IHSS) provider for [Recipient's Name or Client's Name] as of [Start Date].

I understand my responsibilities and the importance of providing high-quality care and assistance to meet the needs of the recipient.

Please find enclosed any required documentation as per the agency's guidelines. I am committed to fulfilling my duties as outlined in the IHSS program and to maintaining open communication with the recipient and the agency.

Thank you for the opportunity to serve in this capacity.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]