

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

Dear [Recipient Name],

Subject: IHSS Provider Assistance Request

I hope this letter finds you well. I am writing to formally request assistance as an In-Home Supportive Services (IHSS) provider. Due to [briefly explain your situation or need for assistance], I am seeking support to ensure that I can continue providing quality care to [Client's Name].

I have been providing care for [length of time] and have encountered challenges that require additional resources, including [mention specific assistance needed, e.g., training, financial aid, supplies].

Thank you for considering my request. I appreciate any support or guidance you can provide, and I look forward to your prompt response.

Sincerely,

[Your Name]  
[Your Relationship to the Client, if applicable]  
[Client's Name, if necessary]  
[Your IHSS Provider Number, if applicable]