

[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],

I am writing to enthusiastically recommend [Client's Name] as an IHSS provider. I have had the privilege of working with [Client's Name] for [duration of time] and have witnessed firsthand their commitment to providing exceptional care.

[Client's Name] is an outstanding individual who demonstrates [mention specific qualities related to caregiving, e.g., compassion, patience, reliability]. They consistently go above and beyond to ensure that those they care for feel comfortable and supported.

In addition to their caring nature, [Client's Name] possesses [specific skills or experiences relevant to the role, e.g., experience with personal care, medication management, mobility assistance]. Their ability to [mention specific tasks or duties] has greatly improved the quality of life for those under their care.

I have no doubt that [Client's Name] will excel as an IHSS provider and continue to make a positive impact in the lives of others. I highly recommend them without reservation.

Thank you for considering my recommendation.

Sincerely,

[Your Name]
[Your Title/Relation to Client, if applicable]
[Your Signature (if sending a hard copy)]