

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

Dear [Recipient Name],

I am writing to confirm my role as an In-Home Supportive Services (IHSS) provider for [Client's Name]. I have been providing care since [Start Date] and continue to assist with [briefly describe the services provided, e.g., personal care, meal preparation, medication management]. I am dedicated to ensuring [Client's Name] receives the highest quality of care. My responsibilities include [list key responsibilities]. I am committed to maintaining a safe and supportive environment for [Client's Name].

If you need any further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address]. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position, if applicable]
[Your IHSS Provider Number, if applicable]