

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

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Subject: IHSS Provider Notification

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally notify you about my status as an In-Home Supportive Services (IHSS) provider.

Provider Name: [Your Name]

Provider Number: [Your Provider Number]

Recipient Name: [Recipient's Name]

Recipient Number: [Recipient's Number]

As an IHSS provider, my responsibilities will include [briefly outline your duties, e.g., personal care, meal preparation, etc.]. I am committed to ensuring that [Recipient's Name] receives the highest quality of care and support.

Please feel free to reach out if you have any questions or require further information.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]