

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

[Date]
[Recipient Name]
[Title]
[Department or Agency Name]
[Address]
[City, State, Zip Code]

Subject: IHSS Provider Documentation

Dear [Recipient Name],

I hope this letter finds you well. I am writing to provide the necessary documentation for my application as an In-Home Supportive Services (IHSS) provider for [Recipient's Name or Client's Name].

Enclosed with this letter, you will find the following documents:

1. Completed Provider Enrollment Form
2. Valid identification (copy of driver's license/state ID)
3. Social Security card (copy)
4. Proof of address (utility bill or lease agreement)
5. Any relevant certifications or training documents

Please let me know if you require any additional information or further documentation. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]