

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

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

Dear [Recipient's Name],

I am writing to request verification of my employment as an In-Home Supportive Services (IHSS) provider for [Recipient's Name/Client's Name].  
Provider Information:

- Name: [Your Name]
- Provider Number: [Your Provider Number]
- Client Name: [Client's Name]
- Client Number: [Client's Number]
- Service Duration: [Start Date] to Present

Please confirm my employment details at your earliest convenience. If you require any further information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]