

[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]

Subject: IHSS Care Plan Amendment Request

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request an amendment to my In-Home Supportive Services (IHSS) care plan due to [briefly explain the reason for the amendment, such as changes in health condition, need for additional services, etc.].

The specific changes I am requesting are as follows:

1. [Detail the first change, including specific services needed and any relevant information]
2. [Detail the second change, if applicable]
3. [Continue with any additional changes as necessary]

These changes are necessary because [provide a brief explanation of why these changes are needed and how they will improve your care].

Please let me know if there are any forms or additional documentation required to process this amendment. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your continued support and assistance.

Sincerely,

[Your Name]

[Your Signature, if sending a hard copy]