

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

[Recipient Name]
[IHSS Office Address]
[City, State, Zip]

Subject: IHSS Eligibility Notification

Dear [Recipient Name],

This letter is to inform you that you have been found eligible for In-Home Supportive Services (IHSS) as of [eligibility start date]. Based on the assessment conducted on [assessment date], you qualify for the following services:

1. Personal Care Services
2. Domestic Assistance
3. Protective Supervision

Your eligibility will be reviewed in [number of months] months (next review date: [review date]). Should your circumstances change, please notify us immediately to reassess your needs.

If you have any questions or require further assistance, do not hesitate to contact our office at [IHSS office phone number].

Sincerely,

[Your Name]
[Title/Position]
[IHSS Office Name]