

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Your Phone Number]  
[Your Email Address]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Agency/Organization Name]  
[Agency Address]  
[City, State, ZIP Code]  
Subject: IHSS Plan of Care

Dear [Recipient's Name],  
I hope this letter finds you well. I am writing to submit my Individualized Home Support Services (IHSS) Plan of Care for your review and approval. Below are the details pertinent to my care needs:

1. **\*\*Client Information:\*\***
  - Name: [Client's Full Name]
  - Date of Birth: [Client's Date of Birth]
  - Address: [Client's Address]
2. **\*\*Care Needs:\*\***
  - Description of care required: [Brief description of daily living activities and personal care needs]
  - Frequency of services: [How often services are needed, e.g., daily, weekly]
3. **\*\*Care Provider Information:\*\***
  - Name of caregiver: [Caregiver's Full Name]
  - Contact information: [Caregiver's Phone Number and Email Address]
4. **\*\*Emergency Contact:\*\***
  - Name: [Emergency Contact Name]
  - Relationship: [Relationship to Client]
  - Phone Number: [Emergency Contact Phone Number]
5. **\*\*Additional Notes:\*\***
  - [Any other relevant information or specific requests]

Thank you for considering my application. I look forward to your prompt response regarding the approval of my IHSS Plan of Care.

Sincerely,

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