

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

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

Dear [Recipient's Name],

Subject: Change of IHSS Provider

I hope this letter finds you well. I am writing to formally request a change of my In-Home Supportive Services (IHSS) provider.

My current provider, [Current Provider's Name], has been of assistance; however, I believe a change is necessary for [brief reason for the change, e.g., personal reasons, need for a different skill set].

I would like to request [New Provider's Name] as my new IHSS provider.

[Briefly explain why you have chosen the new provider, e.g., their qualifications, experience, etc.].

Please let me know if you need any additional information or documentation to process this request. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your IHSS Case Number]