

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

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

Subject: IHSS Renewal Request

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request the renewal of my In-Home Supportive Services (IHSS) benefits. My current authorization is set to expire on [expiration date], and I would like to ensure there is no gap in the services I receive.

My case number is [insert case number]. I have enclosed any necessary documentation to facilitate this process, including [list any attached documents, if applicable].

Please let me know if you require any additional information or further documentation. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]