

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

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

Subject: Request for IHSS Services

Dear [IHSS Case Worker's Name or "To Whom It May Concern"],  
I hope this letter finds you well. I am writing to formally request in-home supportive services (IHSS) for [Name of the Recipient], who requires assistance due to [briefly describe the recipient's condition, e.g., a medical condition, disability, age].

The services I am requesting include, but are not limited to:

1. Personal care services (bathing, grooming, dressing)
2. Meal preparation and nutrition assistance
3. Mobility assistance
4. Light housekeeping tasks

[Optional: Include a brief personal statement about the recipient's situation and why these services are necessary.]

I have attached relevant medical documentation and a completed application form to support this request. Please let me know if you require any additional information or further documentation.

Thank you for your attention to this matter. I look forward to your prompt response as I seek to ensure [Name of the Recipient] receives the support needed.

Sincerely,

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