

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

[IHSS Office Address]
[City, State, ZIP Code]

Subject: IHSS Service Continuation Request

Dear [IHSS Case Worker's Name],

I hope this letter finds you well. I am writing to formally request the continuation of my In-Home Supportive Services (IHSS) due to [reason for service continuation, e.g., ongoing medical condition, need for assistance, etc.].

My current case number is [Your Case Number], and my recipient name is [Recipient's Name]. I have been receiving services since [start date of services], and my current provider is [Provider's Name].

Given the circumstances, it is essential for me to continue receiving assistance with [specific tasks or activities that require support]. The support I have received has been invaluable in managing my daily activities and maintaining my quality of life.

Please find attached any necessary documentation that may support my request. I appreciate your attention to this matter and kindly ask for your prompt response regarding the continuation of my services.

Thank you for your assistance.

Sincerely,

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