

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Agency/Organization Name]  
[Agency Address]  
[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to confirm my status as a service provider for the In-Home Supportive Services (IHSS) program. My provider ID is [Your Provider ID], and I have been offering services to [Recipient Name/Client's Name] since [Start Date].

The services I provide include:

- [Service 1]
- [Service 2]
- [Service 3]

I ensure that all services rendered adhere to the standards and guidelines set forth by the IHSS program. I am committed to delivering quality care and support to my clients.

Please let me know if any additional information or documentation is required.

Thank you for your attention to this matter.

Sincerely,

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