

[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 formally request support from the In-Home Supportive Services (IHSS) program for [Name of the individual needing assistance], who [brief description of the situation/condition].

[Explain the specific needs of the individual, including daily activities they require assistance with, such as bathing, meal preparation, medication management, etc. Include any relevant medical documentation if necessary.]

Given these circumstances, I believe that [Name of the individual] qualifies for IHSS services to help improve their quality of life and ensure they receive the care they need at home.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any additional information.

Thank you for your assistance.

Sincerely,

[Your Name]