

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

Dear [Recipient's Name],

Subject: Termination of IHSS Services

I am writing to formally notify you of the termination of my In-Home Supportive Services (IHSS) as of [termination date].

This decision was made for [brief explanation of reason, if desired]. I appreciate the support and services received up until this point, and I want to thank everyone involved for their assistance during this time.

Please let me know if there are any necessary steps I need to take to finalize this termination, or if there are forms that I need to complete.

Thank you for your understanding.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]