

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

[Recipient Name]
[Recipient Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Subject: IHSS Verification Letter

Dear [Recipient Name],

This letter is to confirm that [Client's Full Name], with IHSS Case Number [Case Number], is receiving In-Home Supportive Services under the IHSS program.

[Client's Full Name] requires assistance with [brief description of the client's needs, e.g., personal care, mobility, household chores] and has been approved for [number of hours] hours of service per week.

If you have any questions or require further information, please feel free to contact me at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Relationship to Client]
[Your Organization, if applicable]