

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

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

Dear [Recipient's Name],

I am writing to apply for the In-Home Supportive Services (IHSS) program. I require assistance with [briefly explain what assistance is needed, e.g., personal care, meal preparation, etc.], due to [state your medical condition or disability].

I believe I meet the eligibility requirements and have attached all necessary documentation, including [list any relevant documents, e.g., medical records, proof of income].

Thank you for your attention to my application. I look forward to your prompt response.

Sincerely,  
[Your Name]