

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Department of Health and Human Services]
[Address]
[City, State, ZIP Code]
Dear [Recipient's Name],
Subject: Application for In-Home Supportive Services (IHSS)
I hope this letter finds you well. I am writing to formally apply for In-Home Supportive Services (IHSS) for myself [or for my loved one, if applicable].
Personal Information:
Name: [Your Full Name]
Date of Birth: [Your Date of Birth]
Case Number (if applicable): [Your Case Number]
Reason for Application:
[Briefly explain the reason for your application. Include any medical conditions, disabilities, or other relevant information that necessitates IHSS.]
Services Needed:
[List the specific services you are requesting, such as personal care, meal preparation, housekeeping, etc.]
Supporting Documentation:
[Indicate any attached documents, such as medical records, assessment reports, or other relevant information that supports your application.]
I believe that I meet the guidelines for receiving In-Home Supportive Services, and I am looking forward to your prompt response to my application. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information or documentation.
Thank you for considering my application.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]