

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

Dear [Recipient's Name],

I am writing to formally apply for In-Home Supportive Services (IHSS) for [Name of the individual needing care], who resides at [Address of the individual needing care].

[Briefly describe the individual's condition and the specific needs that necessitate IHSS assistance. Include any relevant medical diagnoses or challenges and the type of care required.]

I believe that IHSS will greatly improve [Name]'s quality of life by providing the necessary support for [daily activities, personal care, etc.].

Enclosed are the required documents, including [list any documents you are including, such as medical records, proof of income, etc.].

Thank you for considering this application. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Enclosures: List of documents]