

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

Dear [Recipient's Name or "To Whom It May Concern"],  
I am writing to formally apply for the In-Home Supportive Services (IHSS) program. My name is [Your Name], and I am a resident of [Your County/City]. I am seeking assistance due to [briefly explain your situation or needs, e.g., a medical condition, age, disability]. I believe that the IHSS program can significantly support my daily needs and improve my quality of life. I require assistance with [list specific tasks you need help with, such as personal care, meal preparation, housekeeping, etc.].

Enclosed are my medical documents and any relevant information that can support my application. I am committed to providing any additional information required to facilitate this process.

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

Sincerely,

[Your Name]

[Enclosures: medical documents, etc.]