

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

Dear [Recipient's Name],

I am writing to apply for the In-Home Supportive Services (IHSS) program. I am in need of assistance due to [briefly explain your situation and needs], and I believe that this program can provide the necessary support for me to maintain my quality of life.

I have attached the required documents, including [list documents such as proof of income, medical records, etc.], to assist with the assessment of my application.

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

Sincerely,  
[Your Name]