

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

Dear [Recipient Name],

I am writing to apply for In-Home Supportive Services (IHSS) as I am in need of assistance due to [briefly explain your situation, e.g., disability, age-related issues].

I am seeking support for [specific tasks or assistance needed, e.g., personal care, household chores, transportation]. I believe that IHSS can provide the necessary help to improve my quality of life and ensure my well-being.

I have attached the required documentation, including [list any attachments, such as medical records, proof of residency, etc.].

Thank you for considering my application. I look forward to your response and hope to discuss my needs further.

Sincerely,

[Your Signature (if submitting a hard copy)]

[Your Printed Name]