

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

Dear [Recipient's Name],

Subject: Application for In-Home Supportive Services (IHSS)

I am writing to formally apply for In-Home Supportive Services (IHSS) as I am in need of assistance due to [briefly explain your condition or need, e.g., disability, age, etc.]. I believe that IHSS will significantly enhance my quality of life and support my independence at home.

I would like to provide the following information to assist with my application:

- \*\*Full Name:\*\* [Your Full Name]
- \*\*Date of Birth:\*\* [Your Date of Birth]
- \*\*Address:\*\* [Your Current Address]
- \*\*Contact Information:\*\* [Your Phone and Email]
- \*\*Primary Care Provider:\*\* [Name and contact information of your doctor]

I am seeking assistance with the following activities:

- [List specific tasks you need help with, e.g., bathing, meal preparation, housekeeping, etc.]

I appreciate your consideration of my application and look forward to your prompt response. Should you need any additional information or documentation, please feel free to contact me at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,  
[Your Name]