

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

[Recipient's Name]
[Recipient's Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally apply for the In-Home Supportive Services (IHSS) program on behalf of [Name of the individual needing services, if applicable]. Given [brief explanation of the individual's need for care, such as age, disability, or health condition], we believe that IHSS will provide essential assistance that significantly enhances the quality of daily living.

As [briefly describe your relationship to the individual, e.g., caregiver, family member], I am committed to ensuring [he/she/they] receive the appropriate support. The services will assist in [specific tasks like personal care, domestic assistance, etc.], enabling [them/him/her/them] to maintain [his/her/their] independence and dignity.

Enclosed with this letter, you will find the necessary documents, including [list any required documentation, such as medical records, identification, proof of residency, etc.]. I appreciate your time and consideration of this application and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]