

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

Dear [Recipient Name],

I am writing to formally apply for the In-Home Supportive Services (IHSS) program. My name is [Your Name], and I am [Your Age] years old. I am currently a resident of [Your City/County] and am seeking assistance due to [briefly describe your medical condition, disability, or situation necessitating support].

[Explain your specific needs and how IHSS can help you. Include any relevant details about your daily activities and challenges.]

I believe that the IHSS program is crucial for me to maintain my independence and improve my quality of life. With the support of a caregiver, I would be able to [mention specific tasks you need assistance with, e.g., bathing, meal preparation, medication management, etc.].

Attached to this letter are my medical documentation and any additional forms required for the application process. I would appreciate the opportunity to further discuss my application and provide any additional information necessary.

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

Sincerely,
[Your Name]