

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

Dear [Recipient's Name or "To Whom It May Concern"],  
I am writing to formally apply for the In-Home Supportive Services (IHSS) program. I believe that I meet the eligibility criteria and would greatly benefit from the assistance provided through this program.

[Briefly describe your situation and needs, including specific details about your disability or need for assistance, and any relevant medical documentation.]

I am committed to ensuring my safety and well-being at home and am seeking support to assist me with daily living activities such as [list specific tasks like personal care, meal preparation, etc.]. It is my hope that with the support of the IHSS program, I can maintain my independence while receiving the necessary assistance.

Enclosed with this letter, you will find all required documentation including [mention any documents you are including, like medical records or previous assessments]. I appreciate your attention to my application and look forward to the opportunity to discuss my needs further.

Thank you for considering my application. Please feel free to contact me at [your phone number] or [your email address] if you require any additional information.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]