

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Organization/Agency 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. My name is [Your Name], and I am seeking assistance for [briefly explain your situation and need for IHSS, e.g., a disability, illness, or caregiving needs].

I believe that the IHSS program can greatly support my daily living activities, and I meet the eligibility criteria for the services offered. [Optionally, include any relevant documents or details supporting your application.]

I kindly request that my application be considered, and I am available for any necessary assessments or interviews at your convenience. Thank you for your attention to my application.

Sincerely,
[Your Name]