

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

Dear [Recipient Name],

Subject: IHSS Benefits Adjustment Request

I hope this letter finds you well. I am writing to formally request an adjustment to my In-Home Supportive Services (IHSS) benefits. My case number is [Case Number].

Due to [briefly explain the reason for the adjustment request, e.g., changes in health status, increased care needs, financial situation], I believe that an adjustment to my benefits is necessary to ensure that I continue to receive the appropriate level of support.

I have attached relevant documents to support my request, including [list any documents, such as medical reports, financial statements, etc.].

I would appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [your phone number] or [your email address] if you need any additional information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]