

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

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

Subject: IHSS Benefits Eligibility Confirmation

Dear [Recipient's Name],

I am writing to formally confirm my eligibility for In-Home Supportive Services (IHSS) benefits. Below, I have outlined the necessary information to assist in the verification of my eligibility status.

Applicant Information:

- Full Name: [Your Full Name]
- Social Security Number: [XXX-XX-XXXX]
- Date of Birth: [MM/DD/YYYY]
- Case Number: [Your Case Number if applicable]

Eligibility Criteria:

- I have a verified medical condition that requires assistance with daily living activities.
- I meet the income and resource limits as stipulated by IHSS guidelines.
- I have completed the necessary assessments as directed by

[Agency/Organization Name].

Supporting Documentation:

Attached to this letter are copies of the required documents, including [list any documents such as medical records, income statements, etc.].

I would appreciate your prompt attention to this matter and kindly request a written confirmation of my eligibility status at your earliest convenience.

Thank you for your assistance regarding my IHSS benefits.

Sincerely,

[Your Signature (if sending hard copy)]
[Your Printed Name]