

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

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: IHSS Benefits Termination Notice

Dear [Recipient Name],

This letter serves as a formal notice regarding the termination of your In-Home Supportive Services (IHSS) benefits, effective [Termination Date].

The decision for termination is based on [specific reason for termination, e.g., changes in eligibility, failure to meet program requirements, etc.].

You have the right to appeal this decision. If you wish to contest the termination of your benefits, please submit a written appeal to [appropriate office or department] within [number of days, usually 10-30 days] of receiving this notice.

If you have any questions or require further assistance, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Position, if applicable]
[Your Organization, if applicable]