

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

[Recipient Name]  
[Title/Department]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Subject: IHSS Benefits Verification Letter

Dear [Recipient Name],

I am writing to request a verification letter for my In-Home Supportive Services (IHSS) benefits. Please include the following information in the letter:

1. My full name: [Your Full Name]
2. My IHSS case number: [Your Case Number]
3. The type of services I receive: [Type of Services]
4. The date my benefits began: [Start Date]
5. Any additional relevant information regarding my IHSS benefits.

This verification letter is required for [specific purpose, e.g., housing application, financial assistance, etc.]. I would greatly appreciate your assistance in providing this document at your earliest convenience.

Thank you for your attention to this matter. If you require any further information, please do not hesitate to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]