

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

[Recipient Name]
[Office of IHSS]
[Office Address]
[City, State, ZIP Code]

Subject: IHSS Benefits Renewal Application

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request the renewal of my In-Home Supportive Services (IHSS) benefits. My current benefits are set to expire on [expiration date], and I would like to ensure there is no interruption in the services I receive.

My case number is [Your Case Number], and I have been receiving assistance for [briefly describe your condition or needs]. I have attached the necessary documentation required for the renewal process, including [list any attached documents, such as medical reports, income verification, etc.].

Please let me know if you require any additional information or documentation to process my renewal. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]