

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

Subject: Application for IHSS Benefits

Dear [IHSS Office / Caseworker's Name],

I am writing to formally apply for In-Home Supportive Services (IHSS) benefits. I am seeking assistance due to [briefly describe your situation and needs, e.g., a medical condition, disability, etc.].

My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN]
- Address: [Your Address]
- Phone Number: [Your Phone Number]

I have attached the necessary documents to support my application, including:

1. Proof of income
2. Medical documentation
3. [List any other relevant documents]

Please let me know if you need any further information or documentation to process my application.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]