

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

Dear [Recipient Name],

I am writing to confirm the status of my In-Home Supportive Services (IHSS) benefits. Please provide me with any updates regarding my application and the services I am eligible for.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Case Number, if applicable]