

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Department]
[IHSS Agency Name]
[Agency Address]
[City, State, Zip Code]
Subject: Comprehensive IHSS Claim for [Recipient's Case/Reference Number]
Dear [Recipient's Name],
I am writing to formally submit my application for In-Home Supportive Services (IHSS) funding for [Name of Recipient], who requires assistance due to [briefly describe the medical condition or disability].
Patient Information:
- Name: [Recipient's Name]
- Date of Birth: [Date]
- Case/Client Number: [Number]
Reason for IHSS Claim:
[Detailed explanation of the reasons for requiring IHSS services, including daily needs and specific conditions.]
Services Requested:
[List the specific services you are requesting, such as personal care, domestic assistance, etc.]
Supporting Documentation:
Please find enclosed the following supporting documents:
- Medical records
- Assessment forms
- [Any other relevant documents]
Financial Information:
[Provide a brief overview of any financial information that may support the claim, if necessary.]
Thank you for your attention to this matter. I look forward to your prompt response regarding my claim. Should you need any additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address].
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Relationship to Recipient, if applicable]
Enclosures: [List of enclosed documents]