

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

[IHSS Office Address]
[City, State, ZIP Code]

Subject: Request for Additional Hours - IHSS Claim

Dear [Recipient's Name or "IHSS Coordinator"],

I am writing to formally request additional hours for my IHSS services. My current authorization is [current number of hours], and I believe that an increase is necessary due to [briefly explain reasons such as changes in medical condition, increased care needs, etc.].

Since my initial assessment on [date of last assessment], my circumstances have changed significantly. [Provide specific details about your condition or situation that justifies the need for additional hours, including any recent medical changes or incidents.]

I have attached supporting documents, including [list any relevant documents such as doctor's notes, assessments, or care logs] to substantiate my request.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me if you need any further information.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your IHSS Case Number]