

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

[Recipient's Name]
[IHSS Office Name]
[Office Address]
[City, State, Zip Code]

Subject: IHSS Claim for Personal Care Services

Dear [Recipient's Name],

I am writing to formally submit my claim for In-Home Supportive Services (IHSS) for personal care assistance. My name is [Your Name], and my IHSS case number is [Your Case Number]. I require assistance with daily living activities due to [brief description of your condition or situation].

The specific services I am requesting include:

- Assistance with bathing and grooming
- Help with meal preparation
- Support with medication management
- Assistance with mobility and transfers

I have attached the necessary documentation and assessments that support my claim. I kindly ask for your prompt attention to this matter, as these services are crucial for my daily living and well-being.

Thank you for your assistance. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]