

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Department/Agency Name]  
[Address]  
[City, State, Zip Code]

Subject: Request for IHSS Retroactive Payment

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a retroactive payment for my In-Home Supportive Services (IHSS) benefits. My IHSS ID is [Your IHSS ID Number] and my case number is [Your Case Number].

Due to [briefly explain reason, e.g., "a delay in processing my benefits"], I have not received the payments I am entitled to for the period of [start date] to [end date]. I have attached the necessary documentation to support my request, including [list of any attached documents, such as pay stubs, notifications, or other relevant paperwork].

I kindly ask for your assistance in processing this retroactive payment at your earliest convenience. 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]