

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

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

Subject: Request for IHSS Reimbursement Details

Dear [Recipient Name],

I hope this letter finds you well. I am writing to request detailed information regarding the reimbursement process for the In-Home Supportive Services (IHSS) program.

Specifically, I would like to understand:

1. The steps required to submit reimbursement claims.
2. The documentation needed for processing reimbursements.
3. The timeline for receiving reimbursements.
4. Any potential issues that may delay the reimbursement process.

I appreciate your assistance in clarifying these details, as it will help me ensure that all necessary information is accurately submitted for timely reimbursement.

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]