

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

Dear [Recipient's Name],

Subject: IHSS Reimbursement Request

I hope this letter finds you well. I am writing to formally request reimbursement for the In-Home Supportive Services (IHSS) expenses incurred during [specific time period or dates].

[Provide a brief explanation of your circumstance and the specific services that required reimbursement. Mention any relevant details about the care provided, including the nature of the service, the frequency, and the duration.]

Total cost incurred for the services rendered amounts to [Total Amount].

Please find attached the corresponding receipts and any necessary documentation to support this request for reimbursement.

I would appreciate your prompt attention to this matter, as the reimbursement will greatly assist in managing my ongoing care needs. If you require any further information or clarification, please do not hesitate to contact me at [your phone number] or [your email address]. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

Attachments: [List of attached documents, e.g., receipts, care logs]