

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

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request your support for reimbursement related to the In-Home Supportive Services (IHSS) that I have provided to [Recipient's Name/Client's Name] during the period of [start date] to [end date].

Throughout this period, I have ensured that [Client's Name] received the necessary care and support, including [briefly list services provided, e.g., personal care, meal preparation, medication management]. I have kept all relevant documentation and records regarding the services rendered, which I am happy to provide for your review.

I kindly ask for your assistance in processing my reimbursement request, as this support is crucial for me to continue providing the necessary care to [Client's Name]. Attached you will find the required documentation [list any attached documents, e.g., service logs, receipts].

Thank you for your attention to this matter. I look forward to your prompt response and continued support.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]