

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

[Date]
[IHSS Office Name]
[IHSS Office Address]
[City, State, Zip Code]

Subject: IHSS Reimbursement Confirmation

Dear [IHSS Caseworker's Name],

I am writing to confirm the receipt of my reimbursement for In-Home Supportive Services (IHSS) for the period of [Start Date] to [End Date].

Details of the reimbursement are as follows:

- Reimbursement Amount: \$[Amount]
- Service Period: [Start Date] to [End Date]
- Case Number: [Case Number]
- Provider Name: [Your Name or Provider Name]

I appreciate your assistance in processing my reimbursement request.

Please let me know if you need any additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]