

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

Subject: IHSS Reimbursement Request

Dear [Agency Contact Name/To Whom It May Concern],
I hope this letter finds you well. I am writing to request reimbursement for the home health services I provided to [Recipient's Name], under the In-Home Supportive Services (IHSS) program.

Below are the details of the services rendered:

- **Service Recipient Name:** [Recipient's Name]
- **Service Period:** [Start Date] to [End Date]
- **Total Hours Worked:** [Total Hours]
- **Hourly Rate:** [\$X.XX]
- **Total Amount Requested:** [\$Total Amount]

Enclosed with this letter are the relevant timesheets and any required documentation for your review. I kindly ask for the reimbursement to be processed at your earliest convenience.

Thank you for your attention to this matter. If you need any further information, please do not hesitate to contact me.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]