

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

[Recipient's Name]
[Recipient's Title]
[Agency/Organization Name]
[Agency Address]
[City, State, ZIP Code]

Subject: IHSS Reimbursement Letter of Explanation

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to provide a detailed explanation regarding my request for reimbursement under the In-Home Supportive Services (IHSS) program.

I am currently providing care for [Client's Name], who is [brief description of the client's condition/disability]. As part of my caregiving duties, I incurred certain expenses that I believe qualify for reimbursement.

The following is a summary of the expenses for which I am seeking reimbursement:

1. **Date of Service:** [Insert date]
Description of Expense: [Brief description]
Amount: [\$ Amount]
2. **Date of Service:** [Insert date]
Description of Expense: [Brief description]
Amount: [\$ Amount]
3. **Date of Service:** [Insert date]
Description of Expense: [Brief description]
Amount: [\$ Amount]

I have attached all relevant receipts and documentation to support my reimbursement request. These documents outline the nature of the expenses and confirm that they were incurred in the course of fulfilling my responsibilities as a caregiver.

I appreciate your timely attention to this matter and look forward to your response. Please feel free to contact me if you require any further information or clarification.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your IHSS Provider Number (if applicable)]