

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient's Title/Position]
[IHSS Office Name]
[Office Address]
[City, State, ZIP Code]
Subject: IHSS Reimbursement Request

Dear [Recipient Name],

I hope this letter finds you well. My name is [Your Name], and I am writing to formally request reimbursement for expenses incurred while providing in-home supportive services under the IHSS program.

Details of the reimbursement request are as follows:

1. ****Name of the Recipient****: [Recipient's Name]
2. ****Case Number****: [Case Number]
3. ****Service Period****: [Start Date] to [End Date]
4. ****Total Amount Requested****: [Total Amount]

Attached to this letter are all relevant receipts, invoices, and documentation supporting my request for reimbursement.

Thank you for your attention to this matter. I appreciate your prompt processing of my request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title (if applicable)]

Enclosures: [List of documents attached]