

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

[IHSS Office Name]
[IHSS Office Address]
[City, State, ZIP Code]

Dear [IHSS Office Contact/Title],

Subject: Request for IHSS Reimbursement

I hope this letter finds you well. I am writing to formally request reimbursement for the In-Home Supportive Services (IHSS) hours that I provided during the period of [start date] to [end date].

The details of the services rendered are as follows:

- **Recipient Name:** [Recipient's Name]
- **Recipient ID:** [Recipient ID, if applicable]
- **Total Hours Worked:** [Total hours worked]
- **Service Type(s):** [List of services provided]
- **Reimbursement Amount Requested:** [\$ Amount]

I have attached all relevant documentation, including timesheets, service logs, and any supporting invoices, to ensure a smooth reimbursement process.

Please let me know if any additional information or documentation is required. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]