

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

[Recipient's Name]
[Recipient's Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: IHSS Reimbursement Request

I hope this message finds you well. I am writing to formally request reimbursement for the In-Home Supportive Services (IHSS) expenses incurred for [insert time period] in accordance with the guidelines established by [insert relevant authority or agency].

The details of my request are as follows:

- ****Name of Recipient****: [Recipient's Name]
- ****IHSS Provider Name****: [Provider's Name]
- ****Dates of Service****: [Start Date] to [End Date]
- ****Total Amount Requested****: \$[Total Amount]

Attached to this letter, please find all supporting documentation, including invoices, time sheets, and any necessary receipts that validate my claim. I have ensured that all the details align with the guidelines provided for IHSS reimbursement.

I appreciate your prompt attention to this matter, and I look forward to your response. Should you need any further information or clarification, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]