

[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 Staff/Specific Person's Name],
I hope this letter finds you well. I am writing to formally request reimbursement for [specific expenses or services], which I incurred while providing care to [Recipient's Name], who is a recipient of In-Home Supportive Services under my care.

I have attached all relevant receipts and documentation to support my reimbursement claim. The total amount I am requesting is [Total Amount]. Please let me know if you need any further information to process this request. 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)]
[Your Relationship to the Recipient]