

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

Subject: Request for Reimbursement for IHSS Services

Dear [IHSS Office Contact Name],

I hope this letter finds you well. I am writing to formally request reimbursement for the In-Home Supportive Services (IHSS) I provided for [Recipient's Name] during the period of [Start Date] to [End Date].

Details of the services provided are as follows:

- Service Recipient: [Name]
- Provider Name: [Your Name]
- Dates of Service: [List of dates]
- Total Hours Worked: [Total hours]
- Rate of Pay: [Hourly rate]

Attached to this letter are the necessary documents, including timesheets, receipts, and any other supporting documentation required for processing this reimbursement request.

I understand that the reimbursement process can take some time, and I appreciate your attention to this matter. If you require 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)]  
[Your Title/Relationship to Service Recipient]