

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

[Recipient Name]
[Department/Organization Name]
[Address]
[City, State, Zip Code]

Subject: Application for IHSS Reimbursement

Dear [Recipient Name],

I am writing to formally submit my application for reimbursement under the In-Home Supportive Services (IHSS) program.

****Applicant Information:****

- Name: [Your Name]
- Case Number: [Your Case Number]
- Provider Name: [Provider's Name]
- Provider Number: [Provider's Number]

****Reimbursement Details:****

- Description of Services Provided: [Brief description of services]
- Dates of Service: [Start Date] to [End Date]
- Total Amount for Reimbursement: \$[Total Amount]

Enclosed with this letter, you will find the necessary documentation, including receipts and timesheets, supporting my request for reimbursement.

I appreciate your attention to this matter and look forward to your prompt response. Should you require any additional information, please do not hesitate to contact me.

Thank you for your time and assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]