

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient's Title]
[Agency Name]
[Agency Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: IHSS Caregiver Payment Request

I hope this letter finds you well. I am writing to formally request payment for caregiver services rendered under the In-Home Supportive Services (IHSS) program for the period of [start date] to [end date].

Details of services provided:

- Care Recipient Name: [Care Recipient's Name]
- Care Recipient's Case Number: [Case Number]
- Total Hours Worked: [Total Hours]
- Hourly Rate: [Hourly Rate]
- Total Payment Requested: [Total Amount]

I have attached the necessary timesheets and any other documentation required to process this request. Please let me know if you need further information or additional paperwork to expedite the payment process.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]