

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

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

Subject: IHSS Payment Confirmation

Dear [Recipient's Name],

I am writing to confirm the receipt of my In-Home Supportive Services (IHSS) payment. Below are the details of the payment received:

- **Payment Amount:** \$[Amount]
- **Payment Date:** [Date]
- **Service Period:** [Start Date] to [End Date]
- **Provider Name:** [Provider's Name]
- **Provider ID:** [Provider's ID]

Please let me know if you need any further information or documentation regarding this payment. Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]