

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Agency/Organization Name]
[Agency Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: IHSS Payment Request for Caregiver Services

I hope this letter finds you well. I am writing to formally request payment for caregiving services provided under the In-Home Supportive Services (IHSS) program.

****Caregiver Information:****

- Caregiver Name: [Your Name]
- IHSS Provider Number: [Your Provider Number]
- IHSS Recipient Name: [Recipient's Name]
- IHSS Recipient Number: [Recipient's IHSS Number]

****Service Information:****

- Service Period: [Start Date] to [End Date]
- Total Hours Worked: [Total Hours]
- Payment Requested: [Total Payment]

****Care Recipient Information:****

- Name: [Care Recipient's Name]
- Address: [Care Recipient's Address]
- Phone Number: [Care Recipient's Phone Number]

The services provided include assistance with daily living activities, personal care, and companionship as outlined in the IHSS care plan.

Please find attached any necessary documentation, including timesheets and service logs, as required for the payment processing.

Thank you for your attention to this matter. If you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title, if applicable]