

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

[Recipient Name]
[Agency/Organization Name]
[Agency Address]
[City, State, ZIP Code]

Subject: IHSS Payment Notification

Dear [Recipient Name],

I hope this letter finds you well. This is to formally notify you regarding the payment for In-Home Supportive Services (IHSS) for the period of [Start Date] to [End Date].

Payment details are as follows:

- Client Name: [Client's Full Name]
- Provider Name: [Your Full Name or Provider's Name]
- Total Hours Worked: [Number of Hours]
- Payment Amount: \$[Total Amount]
- Payment Date: [Scheduled Payment Date]

Please ensure that the payment is processed as scheduled. If there are any discrepancies or additional information needed, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your IHSS Provider Number, if applicable]