

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

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: IHSS Payment Verification Letter

Dear [Recipient Name],

I am writing to request verification of payments I have received through the In-Home Supportive Services (IHSS) program.

****IHSS Provider Information:****

- Name: [Your Name]
- Provider Number: [Your Provider Number]

****Client Information:****

- Client Name: [Client's Name]
- Client Number: [Client's Number]

****Payment Period:****

- Start Date: [Start Date]
- End Date: [End Date]

I would appreciate it if you could provide a detailed statement of payments made during the specified period, including dates and amounts. This information is crucial for my records and to ensure compliance with all relevant regulations.

Thank you for your prompt attention to this matter.

Sincerely,

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