

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

[IHSS Office Name]  
[Office Address]  
[City, State, ZIP Code]

Subject: Request for IHSS Reimbursement

Dear [Recipient's Name],

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

Details of the services provided:

- Care recipient's name: [Name]
- IHSS Provider name: [Your Name]
- Total hours worked: [Number of hours]
- Rate per hour: [\$Rate]
- Total reimbursement requested: [\$Total amount]

Attached are the relevant documents, including:

1. Time sheets
2. Invoices
3. Any additional supporting documents

I appreciate your attention to this matter and look forward to your prompt response. If you require any additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

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