

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

[Recipient's Name]  
[Recipient's Position]  
[Organization's Name]  
[Organization's Address]  
[City, State, ZIP Code]

Subject: IHSS Reimbursement Claim

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to submit a reimbursement claim for the In-Home Supportive Services (IHSS) that I have provided.

Below are the details of the services rendered:

- \*\*Recipient's Name:\*\* [Recipient's Name]
- \*\*IHSS Provider Name:\*\* [Your Name]
- \*\*Claim Period:\*\* [Start Date] to [End Date]
- \*\*Total Hours Worked:\*\* [Total Hours]
- \*\*Rate per Hour:\*\* \$[Rate]
- \*\*Total Amount Claimed:\*\* \$[Total Amount]

Included with this letter are the necessary documentation to support my claim, including [list any attached documents such as timesheets, invoices, etc.]. I kindly request that the reimbursement be processed at your earliest convenience.

Thank you for your attention to this matter. Please feel free to contact me at [phone number] or [email address] if you need any further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]