

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

Subject: Reimbursement Request for Caregiver Expenses

Dear [IHSS Case Worker's Name or IHSS Office],

I hope this letter finds you well. I am writing to formally request reimbursement for caregiver expenses incurred during the period of [start date] to [end date] under the In-Home Supportive Services (IHSS) program. The details of the expenses are as follows:

1. **Caregiver Name**: [Caregiver's Name]

**Service Dates**: [List service dates]

**Total Hours Worked**: [Total hours]

**Hourly Rate**: [Hourly rate]

**Total Amount Due**: \$[Total amount]

2. [Continue with additional caregiver expense details as needed]

Attached to this letter are the relevant receipts and timesheets for your reference.

Please let me know if any additional information or documentation is required to process this reimbursement request. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]