

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

[Date]
[Recipient Name]
[Title]
[Agency/Organization Name]
[Agency Address]
[City, State, Zip Code]

Subject: IHSS Reimbursement Request

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request reimbursement for [specific services or expenses, e.g., in-home supportive services] rendered on behalf of [Recipient's Name or Client's Name] from [start date] to [end date].

Details of the services provided are as follows:

- Date of Service: [List dates]
- Type of Service: [Describe the service, e.g., personal care, meal preparation, etc.]
- Number of Hours: [Total hours]
- Rate per Hour: [\$XX.XX]
- Total Amount Requested: [\$XX.XX]

Attached are copies of relevant documentation supporting this reimbursement request, including [list documents, e.g., timesheets, invoices, etc.].

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] should you need any additional information.

Thank you for your assistance.

Sincerely,

[Your Signature (if mailing a hard copy)]

[Your Printed Name]