

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

[Recipient Name]  
[Recipient Title]  
[IHSS Office Name]  
[Office Address]

[City, State, Zip Code]

Subject: Request for IHSS Reimbursement for Personal Care Services

Dear [Recipient Name],

I hope this letter finds you well. I am writing to request reimbursement for personal care services provided under the In-Home Supportive Services (IHSS) program.

Details of the services provided:

- \*\*Provider Name:\*\* [Provider's Name]
- \*\*Date(s) of Service:\*\* [List of Dates]
- \*\*Hours Worked:\*\* [Total Hours]
- \*\*Service Type:\*\* [Personal Care Services Provided]
- \*\*Total Amount Requested:\*\* [\$Amount]

Attached are the necessary documentation and invoices supporting these services.

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]