

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

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

Subject: Request for Reimbursement for Therapy Services

Dear [IHSS Office/Specific Contact Name],

I hope this letter finds you well. I am writing to formally request reimbursement for therapy services received on behalf of [Recipient's Name], who is a client of the In-Home Supportive Services (IHSS) program.

Service Details:

- **Provider Name:** [Therapist's Name]
- **Service Type:** [Type of Therapy (e.g., physical, occupational, speech)]
- **Dates of Service:** [Start Date] to [End Date]
- **Total Amount Paid:** \$[Total Amount]
- **Payment Method:** [Check, credit card, etc.]

Attached are the copies of the invoices, receipts, and any relevant documentation supporting this request. Please let me know if any additional information or paperwork is required to process this reimbursement promptly.

Thank you for your attention to this matter. I look forward to your response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Your Relationship to the Recipient (if applicable)]