

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

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

Subject: IHSS Reimbursement Request

Dear [IHSS Office Contact/Title],

I hope this letter finds you well. I am writing to formally request reimbursement for the In-Home Supportive Services (IHSS) expenses I have incurred during the period of [start date] to [end date].

The details of my request are as follows:

- **Recipient Name:** [Name of the individual receiving care]
- **Recipient IHSS Number:** [IHSS Number]
- **Expenses Incurred:**
 1. [Description of service or item] - [Amount]
 2. [Description of service or item] - [Amount]
 3. [Description of service or item] - [Amount]

Total Amount Requested: [Total Amount]

Attached to this letter are the required receipts and any additional documentation supporting my reimbursement request.

I appreciate your attention to this matter and look forward to your prompt response. Should you need any further information, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]