

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

[Recipient's Name]
[Recipient's Title]
[Organization's Name]
[Organization's Address]
[City, State, Zip Code]

Subject: Request for IHSS Reimbursement

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request reimbursement for services rendered under the IHSS program. Below are the details of my request:

****Provider Information:****

- Name: [Your Name]
- Provider Number: [Your Provider Number]

****Recipient Information:****

- Name: [Recipient's Name or Client's Name]
- Case Number: [Case Number]

****Service Details:****

- Dates of Service: [Start Date] to [End Date]
- Total Hours Worked: [Total Hours]
- Rate of Pay: [Hourly Rate]
- Total Amount Requested: \$[Total Amount]

Attached to this letter are the relevant documentation, including timesheets and any necessary invoices that outline the services provided.

I appreciate your attention to this matter and look forward to your prompt response regarding the reimbursement process. If you need any further information or documentation, 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]